

**South Carolina Firefighter Registration Act**  
Request for Criminal Record Review

Full Given Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Driver's License #: \_\_\_\_\_ State of Issue: \_\_\_\_\_

Race (optional): \_\_\_\_\_ Sex: Male  Female  Do not wish to disclose

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I, \_\_\_\_\_, do hereby grant approval for the Glassy Mountain fire Service Area to inquire and receive any and all criminal information pertaining to me.

\_\_\_\_\_  
(Applicant Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Authorized Signature)

\_\_\_\_\_  
(Date)