

Wisconsin Department of Regulation & Licensing

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DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

AUTHORIZATION FOR RELEASE OF FBI INFORMATION

(For official use only, not to be released to unauthorized persons.)

I hereby empower any employee of the Department of Regulation and Licensing to obtain through the Wisconsin Department of Justice, a copy of any arrest record maintained by the Federal Bureau of Investigation associated to me pursuant to a search based on a submitted set of fingerprints within one year of the date of this form.

If we receive a criminal history report, you will have the opportunity to complete, or challenge the accuracy of the information contained in the FBI identification record. The procedures for obtaining a change, correction or updating of the FBI identification record are set forth in 28 CFR 16.34. We would not deny the license or employment based on the information in the record until you have been afforded a reasonable time to correct or complete the record or have declined to do so.

I also understand that federal law prohibits the sharing of this information with anyone other than an employee of the organization granted permission by this release.

Check type of license applying for and complete all requested information.

For Private Security Guard/Private Detective:

Print Name: _____

Print Address: _____

Street & Number

City / State / Zip

Signature: _____

Date

Witness Full Name: _____

Signature

Date

Wisconsin Department of Regulation & Licensing

For Wholesale Distributor:

Print Applicant's D/B/A Name: _____

Print Facility's Address: _____

Street & Number

City / State / Zip

Print Designated Representative's Name: _____

Designated Representative: _____
Signature Date

Witness Full Name: _____
Signature Date

NOTE: This form must be signed by the Designated Representative in the presence of a witness on the same date.