



**State of Florida  
Department of Children and Families**

**Charlie Crist**  
*Governor*

**George H. Sheldon**  
*Secretary*

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**LOCAL LAW BACKGROUND CHECK**

**Dear Sheriff:** \_\_\_\_\_

The Department of Children and Families requests a local criminal records check for the last five (5) years on the applicant listed below:

\_\_\_\_\_

**Last Name**

\_\_\_\_\_

**First name**

\_\_\_\_\_

**Middle Name**

\_\_\_\_\_

**Date of birth**

\_\_\_\_\_

**SS #**

\_\_\_\_\_

**Race**

\_\_\_\_\_

**Sex**

Please document the findings of this check and return the information on this form to:

**The Person presenting this form**

or

**Child Care Licensing  
Department of Children and Families  
Box 80Z  
1601 West Gulf Atlantic Highway  
Wildwood, FL 34785  
FAX # (352) 330-2760**

**Thank you for your assistance.**

01/07

1601 West Gulf Atlantic Highway, Wildwood, Florida 34785-8158

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Mission: Protect the Vulnerable, Promote Strong and Economically Self-Sufficient Families, and Advance Personal and Family Recovery and Resiliency