

CANDIDATE'S

LAST NAME _____ FIRST NAME _____ MIDDLE INITIAL _____

SECTION "C" (APPROVING DOC AUTHORITY)

NCIC/CLEAN Operator _____ Emp # _____ Date _____

Signature of Approving Facility Authority _____ Emp # _____ Date _____

- APPROVED
- DISAPPROVED

SINGLE FACILITY _____

- FULL ACCESS
- LTD ACCESS

Restrictions: _____

- No CHRI
- CHRI Not Printed
- CHRI Maintained by _____
- CHRI Destroyed by _____

COMMENTS: _____

Special Equipment: _____

Date : _____

MULTI-FACILITY or
STATEWIDE REQUESTS

Signature of CCU approver

- MULTI-FACILITY
 - ALB CAM CBS CEN
 - CHS COA CRE DAL
 - FRA FRS FYT GRA
 - GRE GRN HOU HUN
 - LAU MAH MER MUN
 - PIT PNG QBC RET
 - ROC SMI SMR WAM

STATEWIDE