City of Columbia, Missouri
Disclosure and Authorization Form To Obtain Missouri Background Report

As part of the application process for obtaining a license (liquor, business, guard, solicitor, transportation network operator or taxi driver) at the City of Columbia, Missouri, I understand the Missouri State Highway Patrol will seek and obtain investigative reports about me as defined in the Fair Credit Reporting Act (FCRA). These investigative reports may include, but is not limited to, criminal history records (from local, state, federal, international and other law enforcement agencies' records), sexual offender's lists, warrants and warrants records, and license verification. I understand that these records may be used for license eligibility. I hereby authorize, without any reservation, the full release of these records and information to conduct the searches and investigations. If my application for a license is approved, I also authorize the full release of the information described above, without any reservation, throughout any duration of my license. I also certify that all information provided below and on my license application is correct to the best of my knowledge. Any false statements provided in this form and my application will be considered just cause for license revocation at any time. I agree that a copy or facsimile of this authorization shall be as valid as the original. In addition, I release and discharge the City of Columbia and Missouri State Highway Partrol, and all of its agents, any expenses, losses, damages, and liabilities for the investigative process.

Applicant's Name: _____
(Please Print) First M.I. Last

Previous, Maiden Name or Alias _____
(Please Print) First M.I. Last

Signature: _____ **Date:** _____mm/_____dd/_____yy

Date of Birth: _____mm/_____dd/_____yy (this is used for criminal and driving records only)

Social Security Number: _____-_____-_____ **Female** ☐ **Male** ☐

Driver's License Number: _____ **State:** _____

PROVIDE ADDRESSES FOR PAST FIVE (5) YEARS (Use back of form if necessary)

Current Address: _____ **Street Address**

_____ **City, State & Zip Code**

Email address: _____

Length of Residency at Current Address: _____ **Phone:** (_____)_____

Previous Address: _____ **Street Address**

_____ **City, State & Zip Code**

Length of Residency at Previous Address: _____

Previous Address: _____ **Street Address**

_____ **City, State & Zip Code**

Length of Residency at Previous Address: _____