



Disclosure and Authorization Form (OUTSIDE MISSOURI)

Rev.19.2006,CA

As part of the application process for obtaining a license (liquor, business, guard, private detective, solicitor or taxi driver) at the City of Columbia, Missouri, I understand that American DataBank 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, wants 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 for American DataBank and/or its agents 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 American Databank, and all of its agents, any expenses, losses, damages, and liabilities for the investigative process. Upon Request, American DataBank will supply a copy of my reports and my rights under the Fair Credit Reporting Act. Requests may be directed to: American DataBank, 820 Sixteenth St. 8th Fl., Denver, CO 80202 or by contacting us at 1-800-200-0853.

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

Previous or Maiden Name (If applicable) _____
(Please Print) First M.I. Last

Signature: _____ Date: ____/____/____ yy

Date of Birth: ____/____/____ yy (this is used for criminal and driving records only)

Social Security Number: _____ Female Male

Driver's License Number: _____ State: _____

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: _____

Notice to California Applicants:

Under section 1786.22 of the California Civil Code, You may obtain a copy of this file, either in person or via mail, by submitting proper identification and paying the costs of duplication services.

California Resident ONLY: By checking this box, I request to receive a free copy of the ordered report.

American DataBank

820 Sixteenth St. 8th Fl., Denver, CO 80202 Tel: 1-800-200-0853

Confidential Fax # : 1-303-573-1298