

# APPLICANT BACKGROUND CHECK

## SECTION ONE: APPLICANT INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Suffix: \_\_\_\_\_  
Maiden Name: \_\_\_\_\_ Driver's License/ID Number: \_\_\_\_\_ State Issuing: \_\_\_\_\_  
Sex:  Male  Female Race: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_  
Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Birth: \_\_\_\_\_ Citizenship: \_\_\_\_\_  
Home/Mailing Address: \_\_\_\_\_

## SECTION TWO: AGENCY INFORMATION (COMPLETED BY REQUESTING AGENCY)

Agency Name: WEST VIRGINIA REAL ESTATE COMMISSION  
Agency ORI: WV920123Z Service Code: 228Q6K  
Reason Fingerprinted:  Self  Employment  Volunteer State Statute: WVC 30 - 40 - 11  
Point of Contact with Agency: Heather Casdorph  
Phone: 304-558-3555 Email Address: Heather.N.Casdorph@wv.gov  
Agency Address: 300 CAPITOL STREET, SUITE 400 CHARLESTON, WV 25301  
Original TCN \_\_\_\_\_ (If resubmission for rejected fingerprints)

## SECTION THREE: TYPE OF BACKGROUND CHECK

State ONLY  State AND Federal  Central Abuse  NCPA/VCA  State/Fed with Facility #  
 **RESULTS WILL BE SENT TO AGENCY ADDRESS-** 300 Capitol Street, Suite 400 Charleston, WV 25301

## SECTION FOUR: FOR MORPHOTRUST REPRESENTATIVE ONLY

Date of Livescan: \_\_\_\_\_ Amount Charged for Service: \_\_\_\_\_  
Paid by:  Check  Money Order  Visa  MasterCard  Billing Account: \_\_\_\_\_  
TCN: \_\_\_\_\_

I HAVE COMPARED THE GOVERNMENT-ISSUED IDENTIFICATION PRESENTED BY THE APPLICANT AND ATTEST THAT TO MY BEST DETERMINATION; I HAVE FINGERPRINTED THE SAME PERSON.

Printed Name of Enrollment Officer: \_\_\_\_\_

Signature of Enrollment Officer: \_\_\_\_\_