

APPLICANT WAIVER AGREEMENT

AND STATEMENT

For Criminal History Record Checks

This form shall be completed and signed by every applicant for noncriminal justice purposes.

I, _____, hereby authorize the South Carolina Department of Insurance to submit a set of my fingerprints to the South Carolina Law Enforcement Division (SLED) for the purpose of accessing and reviewing South Carolina and national criminal history records that may pertain to me. I understand that I would be able to receive any national criminal history record that may pertain to me directly from the Federal Bureau of Investigation (FBI) pursuant to Title 28, Code of Federal Regulations (CFR), Sections 16.30-16.34 and that I could then freely disclose any such information to whomever I chose.

I understand that my fingerprints may be retained at SLED and the FBI for the purpose of providing any subsequent arrest notification and that, upon request, I may view a copy of the criminal history record report, if any, you receive on me and that I am entitled to challenge the accuracy and completeness of any information contained in such report. I am aware that procedures for obtaining a change, correction, or update of the state or national criminal history report are set forth in Title 28, CFR, Section 16.34.

Signature: _____ Date: _____

Printed Name: _____ DOB: _____

Address: _____

ORIGINAL WILL BE RETAINED BY NONCRIMINAL JUSTICE AGENCY