



# CRIMINAL RECORD FORM FOR PENNSYLVANIA ONLY!

PAA Services, Inc.  
1925 North Front Street,  
P.O. Box 2955  
Harrisburg, PA 17105-2955  
Phone: 1-800-242-3745 Fax: (717) 236-1460

Dealership Name: \_\_\_\_\_

Dealership Address: \_\_\_\_\_

Dealership Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Date Requested: \_\_\_\_\_

**Name of Record Check:**

\_\_\_\_\_  
(Last) (First) (Middle)

Maiden Name and /or Aliases: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Identity Theft Number: (If applicable) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_

**Reason for Request (Check one):**

- ☐ Contract
- ☐ Employment
- ☐ GSS
- ☐ Other \_\_\_\_\_

**Make \$27.00 check payable to PAA Services Inc.**

**Return by:**

\_\_\_\_\_ Mail  
\_\_\_\_\_ Special Handling Airbill Account Number \_\_\_\_\_  
(Circle one of the following)

FEDEX UPS

**Please fill form out on line, for legibility purpose,  
PAA cannot be responsible for misspellings when application is illegible.**