



**Client Order Form:**

Applicant Name: \_\_\_\_\_

Applicant Phone # \_\_\_\_\_ (\*Optional)

Applicant  
Address \_\_\_\_\_

Social Security # \_\_\_\_\_

Drivers License # & State \_\_\_\_\_ (For Driving Record)

Date of Birth \_\_\_\_\_ (Optional)

Requested By: \_\_\_\_\_ Company: \_\_\_\_\_

Verification Request:

- |   |  |
|---|--|
| <input type="checkbox"/> Social Security Verification | <input type="checkbox"/> Academic Degree**         |
| <input type="checkbox"/> Eligibility Verification     | <input type="checkbox"/> References**              |
| <input type="checkbox"/> Credit Report                | <input type="checkbox"/> Driving History           |
| <input type="checkbox"/> Residence History            | <input type="checkbox"/> Workers' Compensation     |
| <input type="checkbox"/> Professional License**       | <input type="checkbox"/> Felony/Misdemeanor Record |
|   | County(s) _____                                    |

\*\*Please provide either a resume or application with these requests.

All Counties of residence

Fax to: 805-884-1057

Fax Toll Free: 888-920-1248

Or Call 805-884-1022 or 888-920-SAFE

\*If you are requesting criminal records and want us to obtain the date of birth, please fill in the applicant's phone number.