

PAN'S CRIMINAL RECORD CHECK

PLEASE TYPE OR PRINT CLEARLY

CUSTOMER INFORMATION

Name of Person Requesting Record: _____

Business Name (if applicable): _____

PAN Customer Number (if known): _____

Address: _____

City: _____ State: _____ Zip: _____

E-Mail Address: _____

Phone Number: _____ Fax Number: _____

Please send the results via: Fax E-mail Mail

SUBJECT INFORMATION

First, Middle, Last Name: _____

Social Security Number (optional): _____ - _____ - _____

Birth Date (MM / DD / YYYY): _____ / _____ / _____

Gender: (optional) Male Female Race: (optional) _____

Cost is \$29 (\$22 State Police Fee and \$7 PAN Service Fee)

PAYMENT INFORMATION

Type of Card (check one): VISA MasterCard Discover American Express

Name on Card: _____

Card Number: _____ Expiration Date: _____ *Security Code: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Cardholder's Signature: _____

*The security code is the three or four-digit number printed on the face or the signature panel of your credit card.

**Upon completion, please submit this form to PAN via Mail, Fax or E-mail.
PAN will process your order and send a response back to you.**



**Pennsylvania
Association of Notaries**

One Gateway Center, Suite 401
420 Fort Duquesne Boulevard
Pittsburgh, PA 15222-1498

Phone: 800.944.8790
Fax: 800.707.7075
E-mail: PAN@notary.org