



South Carolina  
Department of Labor, Licensing and Regulation



Division of Fire and Life Safety

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Director

www.llr.state.sc.us

**Firefighter Registration  
Named Based Criminal Records Check Request**

*Note: This named-based criminal records check request should only be completed on those being hired, and not used as a screening tool. Accountability for these requests will be based on Firefighter Registration Records.*

**Please complete this form either by typing or printing legibly.**

**Date of Request:** \_\_\_\_\_

**Requesting a Background Check on:**

**Name:** \_\_\_\_\_

**First Name**

**Middle Name**

**Last Name**

**AKA and/or Maiden Names:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Gender** \_\_\_\_\_

**SSN:** \_\_\_\_\_

**Requested by:**

**Person Requesting:** \_\_\_\_\_

**Department Requesting:** \_\_\_\_\_

**Department FDID#:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_ **Fax #:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Please furnish an e-mail address (if one is available) as the response will be returned via E-mail.**

**E-mail Address:** \_\_\_\_\_

*Note: Any missing information may mean that a background cannot be completed.*