

Attachment 3

REQUEST FOR FDLE CRIMINAL HISTORY INFORMATION

TO: Applicant Section  
User Service Bureau  
FDLE  
Post Office Box 1489  
Tallahassee, FL 32302  
Attn: Caretaker Program

FACILITY NUMBER: \_\_\_\_\_

DC&F District \_\_\_\_\_

FROM: Richelle Sampl  
(name of requester)

(mailing address)

122 W. Spruce Ave.  
Kissimmee, FL 34741

telephone number: (407) 847-8805

The more complete this information is, the better the search and associated results will be.  
PLEASE TYPE OR PRINT CLEARLY.

APPLICANT NAME: \_\_\_\_\_

leave this  
space blank

Other names applicant has used (include maiden names and nicknames)

DATE OF BIRTH: \_\_\_\_\_

RACE: (circle one): Black White Asian American Indian  
Alaskan Native unknown

SEX: (circle one): male female

SOCIAL SECURITY NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

I certify that the person listed above is a volunteer or a caretaker employee requiring a five-year rescreening. I understand that the Legislature has established a reduced payment of \$20.00 for the criminal history checks of these persons.

Richelle J. Sampl  
(signature of owner or on-site director)

8/12/13  
(date)

\* If you do not know what DC&F District you are located in, please see Attachment 6. You may locate the District number based on the county your facility is located in.