

Metropolitan Atlanta Rapid Transit Authority



I hereby authorize MARTA Police Department to conduct an inquiry for the purpose below and receive any Georgia and/or national CHRI as authorized by State and Federal law for the duration of my employment/visitation, or my status is terminated with the company contracted to perform work for MARTA.

This authorization is valid for 365 days (1 Calendar Year). Periodic Criminal History Checks may be performed during the calendar year.

Complete name as it appears on identification (last name, first name, complete middle name)

Address

Sex

Race

Date of Birth

SSN/last 4 digits

Signature

Date

Purpose code used (circle one) Refer to GCIC Operating & Policy Manual

1. **C (Criminal Justice)**
2. **E (Employment)**
3. **J (Civilian Criminal Justice Employment/State and III data received)**
4. **Z (Sworn Criminal Justice Employment/State and III data received)**

This inquiry resulted in the following (circle all that apply)

1. **No Criminal History**
2. **Criminal History available**
3. **No NCIC/GCIC Warrant**
4. **Possible NCIC/GCIC Warrant**
5. **Wanting Agency Name: _____**

Date of Inquiry: _____ Operator Initials: _____

DO NO ALTER FORM IN ANY MATTER/FORM IS SUBJECT TO BE AUDITED

Metropolitan Atlanta Rapid Transit Authority Police Department
A Nationally Accredited, State Certified Agency

