



BACKGROUND AUTHORIZATION FORM

Town Hall, 124 E. Coal Creek Drive, Superior, CO 80027
(303) 499-3675 www.superiorcolorado.gov

Fee: \$

Full Name: _____

Residence Address: _____

Mailing Address: _____

Telephone: _____ Email Address: _____

Description of Applicant: Height _____ Weight _____ Eye Color _____ Hair Color _____

Driver's License/ID # _____ State of Issuance _____

**CRIMINAL BACKGROUND INVESTIGATION
AUTHORIZATION AND CONSENT**

I, _____, hereby authorize the Town of Superior, Colorado, and its designated agents and representatives to conduct a criminal background check to determine my eligibility to have in my possession a weapon pursuant to the Town of Superior Municipal Code 10.9.240.

I understand that the scope of the background check may include the following areas: verification of social security number; current and previous residences; criminal history records from any criminal justice agency in any or all federal, state, or county jurisdictions; motor vehicle records to include traffic citations and registration; and any other public records.

I authorize the complete release of these records or data pertaining to me which an individual, company, firm, corporation, or public agency may have. I understand that I must provide my date of birth and social security number to adequately complete said screening.

I hereby release the Town of Superior, Colorado, and its agents, officials, representatives, agents, officers and employees from any and all liability for damages of whatever kind which may at any time result to me, my heirs, family or associates because of compliance with this form hereby affirms that the information contained in this document is true and correct.

Applicant's signature

Date

OFFICE USE ONLY

DL/ID# Verified By: _____ Date: _____

Background Sent to BCSO Date _____

Certificate Issued Date: _____