

Castillo Investigation and Research, Inc.

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Request for Search

Records Check for Application		☐ Professi	onal License Verification for LPN/RN
☐ Driving Record Search (for non-criminal justice agencies)		gencies)	Office of Inspector General (OIG)
** PLEASE PRINT CLEARLY **			
Name			
Address			
City/State			
Date of Birth		Social Security #	
License # (Driver's / LPN / RN)		State Which Issued ID	
Race	Sex		Age
I understand and agree to have my record investigated. Further, I waive such legal rights, if any, that I may have and do release any and all persons from liability in connection with furnishing such information about me to the below listed company or business.			
Signature of Applicant	Date		Signature of Witness
Company Requesting Records: Company Name			
If requesting Driving Record Search, what state(s) are you requesting records from?			
Company Fax #			