Fond du Lac Blue Line Club
Background Check Authorization Form

I hearby authorize the Fond du Lac Blue Line Club (FDLBLC), and/or ist designated representative (s), to perform a background check on me and provided the information below to assist them in performing the background check. I understand that the information may be gather or obtained on electronic database through a fallible source and I assume full responsibility for inaccurate or incomplete identifying information submitted or received as a result of inaccurate or incomplete identifying information provided. I also understand some information may be obtained through independent researchers deemed by the FDLBLC to be reliable; however, these researchers are humans who can and do make mistakes in interpreting court files or indices. I agree to indemnify and hold FDLBLC, its officers, directors, volunteers, successors, assigns, and designees harmless from any and all claims, actions, or liabilities arising from or with respect to the background check performed by the FDLBLC or its designated representatives in accordance with these terms and conditions.

Print Full Name:_____
First Middle Last

Residence Addrss: ___ _____
Street, City, State, Zip

Yrs at Residence: ____
(Note: if less than 2 years, provided prior address below)

_____
Street, City, State, Zip

Date of Birth ____/____/____Social Security # ____-____-____

Drivers License No. _____-_____-_____-_____ State: _____

Phone No. _____-_____-_____ Employer: _____

Signature: _____ Date: _____