

BACKGROUND CHECK FORM



*Mail your completed form with
the processing fee to:
NCCOGOP STATE OFFICE
ATTENTION: TRACEY HAIRE
PO BOX 699
JAMESTOWN, NC 27282*

TODAY'S DATE _____

FIRST NAME _____ MIDDLE NAME _____ LAST NAME _____

SSN _____

For identification purposes only, please provide FULL DOB: _____

D/L or STATE ID _____ STATE ISSUED _____

EMAIL ADDRESS _____

HOME ADDRESS _____

CITY _____ STATE _____ ZIP _____

Please sign your full name below:

**PLEASE INCLUDE A CHECK FOR \$10.00 TO NCCOGOP FOR THE PROCESSING
FEE FOR THE BACKGROUND CHECK**