



South Carolina
Department of Labor, Licensing and Regulation



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FAX: (803) 896-9856 (Fire Academy)
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Mark Sanford
Governor

Adrienne Riggins Youmans
Director

Division of Fire and Life Safety

**Firefighter Registration
Named Based Criminal Records Check Request**

Note: This named-based criminal records check request should only be completed on those being hired, and not used as a screening tool. Accountability for these requests will be based on Firefighter Registration Records.

Please complete this form either by typing or printing legibly.

Date of Request: _____

Requesting a Background Check on:

Name: _____

First Name

Middle Name

Last Name

AKA and/or Maiden Names: _____

Date of Birth: _____ Gender _____

SSN: _____

Requested by:

Person Requesting: _____

Department Requesting: _____

Department FDID#: _____

Phone #: _____ Fax #: _____

Mailing Address: _____

Please furnish an e-mail address (if one is available) as the response will be returned via E-mail.

E-mail Address: martha.barnwell@yorkcountygov.com

Note: Any missing information may mean that a background cannot be completed.