



Upper Dublin Township Police Department
801 Loch Alsh Avenue
Fort Washington, Pennsylvania 19034
Voice: 215-646-2100 Fax: 215-628-8976
Terrence P. Thompson
Chief of Police



Application for Letter of Good Conduct

The Upper Dublin Township Police Department requires current and clear criminal history background checks prior to the issuance of good conduct letters. All applicants are required to complete the following steps:

01.) The applicant shall request a criminal history records check from the Pennsylvania State Police. Requests may be made via the state police internet web site at www.epatch.state.pa.us or via U.S. Mail addressed to the Pennsylvania State Police. If you choose to mail your request you will be required to complete form SP 4-164. The results must be sent back from the Pennsylvania State Police directly to the Upper Dublin Township Police Department (see attached Sp 4-164). The result of the criminal history check must be "no record." There is a fee of \$10.00, payable to the State, associated with the Pennsylvania State Criminal History Records Check.

02.) The applicant shall submit two types of current and valid photo-identification. Identification types must show an Upper Dublin address and include, but are not limited to, State Vehicle Operator License, U.S. Passport, Social Security Card, & State Birth Certificate.

03.) The applicant shall be checked for local criminal history within the Upper Dublin Township Police records management system. The result of the check must be "no record."

The Police Chief's Office will issue a Letter of Good Conduct to applicants that successfully complete the criminal history background process. A letter of good conduct from our agency affirms that there is no misdemeanor or felony record on file in the Upper Dublin Township Police records repository. State and Federal law prohibit secondary dissemination of criminal history maintained by other criminal justice agencies. State or Federal criminal history checks must be made directly to those agencies via their approved forms.



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Ft. Washington, Pennsylvania 19034
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Chief of Police

GOOD CONDUCT LETTER

FULL NAME: _____

CURRENT HOME ADDRESS: _____

LENGTH OF RESIDENCE: _____

ADDRESS IN UPPER DUBLIN (if other than above)

HOME TELEPHONE NUMBER: _____

WORK TELEPHONE NUMBER: _____

DATE OF BIRTH: _____

SOCIAL SECURITY NUMBER: _____

DRIVERS LICENSE NUMBER: _____ STATE: _____

COMPLETE SIGNATURE AS IT WOULD USUALLY APPEAR: _____

REASON FOR CRIMINAL HISTORY CHECK: _____

NUMBER OF COPIES REQUESTED: _____ (if not noted, TWO (2) copies will be provided)

PLEASE READ CAREFULLY BEFORE COMPLETING THIS FORM

The following requirements must be met for the Upper Dublin Police Department to perform a Criminal History Check of residents who are applying for foreign work permits, travel visas, adoption agency background checks, etc. This information is required of each person requesting this check. The information contained herein must be fully completed by each person before any such history check will be initiated. There is no fee for this service.

Please be advised that this records check will only provide the history for the requester while he or she was an Upper Dublin resident. This is **NOT** a criminal history check of state or federal law enforcement records (if any), since such records are by law not available to the public.

Please allow three (3) business days for completion. The documents will be left in an envelope at the police dispatch with the requester's name on it. The Police Department will not call to advise when these documents are ready. The documents will not be mailed. A Notary Public certification may be obtained by the requester at his or her own expense.

PENNSYLVANIA STATE POLICE
REQUEST FOR CRIMINAL RECORD CHECK

PART I: TO BE COMPLETED BY REQUESTER
(INFORMATION WILL BE MAILED TO REQUESTER ONLY)

DATE OF REQUEST

*** TYPE OR PRINT LEGIBLY WITH INK ***

NOTE: IF THIS FORM IS NOT LEGIBLE OR NOT PROPERLY COMPLETED IT WILL BE RETURNED UNPROCESSED TO THE REQUESTER. A RESPONSE MAY TAKE THREE WEEKS OR LONGER TO PROCESS.

WARNING: A PERSON COMMITS A MISDEMEANOR OF THE THIRD DEGREE IF HE/SHE MAKES A WRITTEN FALSE STATEMENT, WHICH HE/SHE DOES NOT BELIEVE TO BE TRUE.

REQUESTER NAME			
ADDRESS			
CITY	STATE	ZIP	

CONTACT TELEPHONE NUMBER INCLUDING AREA CODE)

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REQUESTER IDENTIFICATION (ONLY CHECK ONE BLOCK)

INDIVIDUAL/NONCRIMINAL JUSTICE AGENCY- ENCLOSE A CERTIFIED CHECK/MONEY ORDER IN THE AMOUNT OF \$10.00 PAYABLE TO: "COMMONWEALTH OF PENNSYLVANIA." THE FEE IS NONREFUNDABLE.

FEE EXEMPT NONCRIMINAL JUSTICE AGENCY

***** DO NOT SEND CASH OR PERSONAL CHECK *****

NAME/SUBJECT OF RECORD CHECK (LAST)	(FIRST)	(MIDDLE)		
MAIDEN NAME AND/OR ALIASES	SOCIAL SECURITY NUMBER (SOC)	DATE OF BIRTH (DOB)	SEX	RACE

REASON FOR REQUEST (CHECK ONE BLOCK)

EMPLOYMENT (IF APPLICABLE, CHECK ONE OF THE FOLLOWING) ELDER CARE CHILD CARE SCHOOL DISTRICT

ADOPTION/FOSTER CARE

OTHER (SPECIFY)

ONLY CHECK THIS BLOCK IF YOU WANT TO REVIEW YOUR ENTIRE CRIMINAL HISTORY

INDIVIDUAL ACCESS AND REVIEW OR FIREARMS CHALLENGE-ENTIRE CRIMINAL HISTORY
(AVAILABLE ONLY TO SUBJECT OF RECORD CHECK OR LEGAL REPRESENTATIVE WITH LEGAL AFFIDAVIT OF LEGAL REPRESENTATIVE ATTACHED)

<p>REQUESTER CHECKLIST</p> <p>DID YOU ENTER THE FULL NAME, DOB, AND SOC?</p> <p>DID YOU ENCLOSE THE \$10.00 FEE (CERTIFIED CHECK/MONEY ORDER)?</p> <p style="text-align: center;">*** DO NOT SEND CASH OR PERSONAL CHECK ***</p> <p>DID YOU ENTER YOUR COMPLETE ADDRESS INCLUDING ZIP CODE AND TELEPHONE NUMBER IN THE BLOCKS PROVIDED?</p>	<p>AFTER COMPLETION MAIL TO</p> <p style="text-align: center;">PENNSYLVANIA STATE POLICE CENTRAL REPOSITORY - 164 1800 ELMERTON AVENUE HARRISBURG, PA 17110-9758 717-783-9973 BUSINESS HOURS 8:15 am - 4:15 pm (Monday - Friday)</p>
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PART II: CENTRAL REPOSITORY RESPONSE ONLY

DO NOT WRITE BELOW THIS LINE

<p>INFORMATION DISSEMINATED</p> <p><input type="checkbox"/> NO RECORD <input type="checkbox"/> CRIMINAL RECORD ATTACHED</p> <p>THE INFORMATION DISSEMINATED BY THE CENTRAL REPOSITORY IS BASED ON THE FOLLOWING IDENTIFIERS THAT MATCH THOSE FURNISHED BY THE REQUESTER.</p> <p><input type="checkbox"/> NAME <input type="checkbox"/> SOCIAL SECURITY NUMBER</p> <p><input type="checkbox"/> DATE OF BIRTH <input type="checkbox"/> RACE</p> <p><input type="checkbox"/> SEX <input type="checkbox"/> MAIDEN/ALIAS NAME</p>	<p>INQUIRY DISSEMINATED BY SID NUMBER</p> <p>CERTIFIED BY</p> <p style="text-align: center;">(DIRECTOR, CENTRAL REPOSITORY)</p>
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This response is based on a comparison of data provided by the requester in Part I against the information contained in the files of the Pennsylvania State Police Central Repository only, and does not preclude the existence of criminal records which might be contained in the repositories of other local, state, or federal criminal justice agencies.