



Upper Dublin Township Police Department
801 Loch Alsh Avenue
Fort Washington, Pennsylvania 19034
Voice: 215-646-2101 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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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**

This form is to be completed in ink by the requester – (information will be mailed to the requester only). If this form is not legible or not properly completed, it will be returned unprocessed to the requester. *A response may take four weeks or longer.*
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.

TRY OUR WEBSITE FOR A QUICKER RESPONSE
<https://epatch.state.pa.us>

NAME/ REQUESTER	
ADDRESS	
CITY/STATE/ ZIP CODE	

FOR CENTRAL REPOSITORY USE ONLY CONTROL NUMBER
AFTER COMPLETION MAIL TO: PENNSYLVANIA STATE POLICE CENTRAL REPOSITORY – 164 1800 ELMERTON AVENUE HARRISBURG, PA 17110-9758 Local Number 717-425-5546 1-888-QUERYPA (1-888-783-7972) DO NOT SEND CASH OR PERSONAL CHECK
CHECK ONE BLOCK
<input type="checkbox"/> 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
<input type="checkbox"/> FEE EXEMPT-NONCRIMINAL JUSTICE AGENCY – NO FEE

CONTACT TELEPHONE NUMBER (INCLUDING AREA CODE)

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

The Pennsylvania State Police response will be based on the comparison of the data provided by the requester against the information contained in the files of the Pennsylvania State Police Central Repository only

REASON FOR REQUEST: All requests \$10.00

*****MAKE ALL MONEY ORDERS PAYABLE TO: COMMONWEALTH OF PENNSYLVANIA *****

◀◀◀◀◀CHECK BOX THAT MOST APPLIES TO THE PURPOSE OF THIS REQUEST▶▶▶▶▶

<input type="checkbox"/> INTERNATIONAL ADOPTION - INTERNATIONAL ADOPTION MUST BE NOTARIZED.		
<input type="checkbox"/> ADOPTION (DOMESTIC)	<input type="checkbox"/> EMPLOYMENT/SCREENING	<input type="checkbox"/> PASSPORT
<input type="checkbox"/> ATTORNEY	<input type="checkbox"/> FOSTER CARE	<input type="checkbox"/> PRIVATE INVESTIGATIONS
<input type="checkbox"/> BANKING	<input type="checkbox"/> HEALTHCARE	<input type="checkbox"/> SOCIAL SERVICES
<input type="checkbox"/> BAR ASSOCIATION	<input type="checkbox"/> HOUSING	<input type="checkbox"/> TENANT CHECK
<input type="checkbox"/> CHURCH	<input type="checkbox"/> INSURANCE LICENSE	<input type="checkbox"/> VISA
<input type="checkbox"/> CHILD CARE	<input type="checkbox"/> MENTAL HEALTH	<input type="checkbox"/> VOLUNTEER AMBULANCE/FIREFIGHTER
<input type="checkbox"/> EDUCATION	<input type="checkbox"/> NURSE AID TRAINING	<input type="checkbox"/> VOLUNTEER
<input type="checkbox"/> ELDER CARE	<input type="checkbox"/> OTHER _____	
<input type="checkbox"/> EMERGENCY MANAGEMENT		

<input type="checkbox"/> ACCESS & REVIEW - (NOT FOR EMPLOYMENT PURPOSES. MUST BE MAILED INTO THE CENTRAL REPOSITORY.)
AVAILABLE ONLY TO SUBJECT OF RECORD OR LEGAL REPRESENTATIVE WITH LEGAL AFFIDAVIT ATTACHED FOR THE PURPOSE OF REVIEWING YOUR CRIMINAL HISTORY.