

**PENNSYLVANIA RESIDENT
VERIFICATION FOR WAIVER OF FBI REPORT**

Name: _____

Date of Birth: _____ City/State of Birth: _____

Driver's License Number: _____

Current Address: _____

If you have lived at your current address for less than 10 years, please list all prior addresses for the past ten (10) years:

Street	State	Dates lived here:

Additional documentation of residency may be required to verify the information provided on this form.

I swear and affirm that I have been a resident of the Commonwealth of Pennsylvania for the entirety of the previous ten (10) years.

I understand that statements herein are made subject to the penalties of 18 Pa. C.S. § 4904 relating to unsworn falsification to authorities.

Signature

Date

Print Name