

# 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:

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