SHERIDAN AREA SEARCH & RESCUE APPLICATION

P.O. BOX 993 -- SHERIDAN, WY 82801 -- (307)-672-3455

PLEASE PRINT CLEARLY

NAME:			
LAST	FIRST	MIDDLE INITIAL	
DOB: WORK PHONE:	:	CELL PHONE:	
E-MAIL:	CELL PHONE PR	CELL PHONE PROVIDER:	
MEDICAL CONDITIONS:			
QUALIFICATIONS:			
ARREQUED.			
BACK GROUND CHECK : APPROVED SHERIFF'S DEPARTMENT SIGNATURE:	NOT APPROVED		
SHERIFF'S DEPARTMENT SIGNATURE:			
THE FOLLOWING PORTION OF THIS FORM	WILL BE REMOVED AND KEPT ON F	ILE AT THE SHERIFF'S OFFICE	
BACK GROUND INFORMATION CHECK			
LEGAL NAME:			
LAST	FIRST	MIDDLE NAME	
ADDRESS:			
STREET	CITY	STATE ZIP	
DRIVERS LICENSE # :	SOCIAL SE	CURITY # :	
APPLICANTS SIGNATURE:		DATE:	