

## REQUEST FOR CONVICTION HISTORY

**(Applicant: Return this document with your license application to the Department at the above address or via e-mail to CSCLonline@michigan.gov.)**

Name (First, Middle, Last)		Date of Birth	U.S. Social Security Number	
Complete Address		City		State
		Zip Code		
Profession or License Type			10-Digit MI Permanent ID/License Number (if applicable)	

**Purpose for Information:** For each conviction provide the offense, year, court, and case number. The Department will use these submissions to gather and evaluate court records. You will be notified in writing if any additional actions are necessary. Applicants/licensees/registrants are required to possess good moral character. While convictions alone cannot be used as the sole determining factor, the information on this form is one way the Department gathers information to review applicants' eligibility. Applicant's qualifications are reviewed on a case-by-case basis.

**IN ADDITION TO THIS FORM, YOU MUST SUBMIT DOCUMENTATION THAT SHOWS AT THE CURRENT TIME YOU HAVE THE ABILITY TO, AND ARE LIKELY TO, SERVE THE PUBLIC IN A FAIR, HONEST, AND OPEN MANNER, THAT YOU ARE REHABILITATED, OR THAT THE SUBSTANCE OF THE FORMER OFFENSE IS NOT REASONABLY RELATED TO THE OCCUPATION OR PROFESSION FOR WHICH YOU ARE SEEKING A LICENSE.**

Conviction	Year	Name and Location of the Court	Case or File Number