

South Carolina Firefighter Registration Act
Request for Criminal Record Review

Name: _____ (Full Given Name)

Address: _____

City State Zip

Social Security # _____ - _____ - _____ Date of Birth ___/___/___

Driver's License: State _____ Number _____

Race: _____ Sex: Male Female

I, _____ do hereby grant approval for the
(Print Name)

_____ to inquire and receive any and
(Name of Fire Department or Employer)

all criminal information pertaining to me.

(Applicant Signature)

(Date)

(Authorized Signature)

(Date)

Mail Request To:
S.L.E.D. Records
PO Box 21398
Columbia, SC 29221-1398
Phone: 1-803-737-9000

**S.L.E.D. Should
Return Information To:**

**Reports should be returned
to the Fire Department – Not
to the Fire Marshal's Office.**

***Note to Fire Departments:
Please include a self-addressed
envelope for return of report
from S.L.E.D.**