



WILLIAM P. MULLEN
SHERIFF

ALLEGHENY COUNTY SHERIFF'S OFFICE PRECIOUS METAL BACKGROUND INVESTIGATION



JOSEPH A. RIZZO
CHIEF DEPUTY

BUSINESS COMBINATIONS APPLICATION #: _____
(OFFICE USE ONLY)

DATE: _____

LAST NAME: _____ FIRST NAME: _____

SSN: _____ DOB: _____ RACE: _____ SEX: _____

DRIVER'S LICENSE #: _____ STATE: _____

STREET ADDRESS: _____

I hereby certify that the information contained herein is true and correct to the best of my knowledge and belief.
Understanding that if I knowingly make any false statements herein, I am subject to penalties prescribed by law.
I authorized the Sheriff to inspect only these records or documents relevant to information required for this application.

Applicant's Signature: _____

OFFICE USE ONLY

CHECKED BY: _____

FORWARDED TO: _____

SUPERVISOR'S REVIEW: _____

REPORT NUMBER: _____