

Michigan Department of Licensing and Regulatory Affairs  
 Bureau of Commercial Services  
 GMC Review  
 PO Box 30094, Lansing, MI 48909

OFFICE USE ONLY		
<input type="checkbox"/> Request Court Docs	<input type="checkbox"/> Process	<input type="checkbox"/> Deny
By:	By:	
Date:	Date:	

### REQUEST FOR CONVICTION HISTORY OF APPLICANT

(Applicant: Please return this form with your application or mail to the Department at the above address)

Applicant's Name (Last, First, Middle)	Date of Birth	Social Security Number
Mailing Address (Number and Street)	City	State/ZIP
License Type (current or for which applying)		

**Purpose of this form/instructions:** If you have been convicted of a felony, you are required to complete this form as part of your application for licensure/registration. List all felony convictions on this form. Attach a separate sheet of paper, if needed. If you are unsure of exact details, respond to the best of your knowledge. Failure to provide the information may result in the delay or denial of your application. In accordance with the Occupational License for Former Offenders Act, 1974 P.A. 381, as amended, you are being given an opportunity to provide information regarding your felony conviction(s). 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. Applicants' qualifications are reviewed on a case-by-case basis.

Felony Conviction	Year	Name and Location of the Court	Current Inmate?	Currently on Probation?	Currently on Parole?	Date completed or anticipating release (incarceration, probation or parole) mm/dd/yyyy
			<input type="checkbox"/> No <input type="checkbox"/> Yes, Where?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> No <input type="checkbox"/> Yes, Where?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> No <input type="checkbox"/> Yes, Where?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> No <input type="checkbox"/> Yes, Where?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Provide any other name(s) you used when convicted:

I hereby certify that the statements and facts provided are true and accurate to the best of my knowledge.

Signature	Date
-----------	------