

**STATE OF NEW JERSEY
DEPARTMENT OF COMMUNITY AFFAIRS
DIVISION OF CODES AND STANDARDS
BUREAU OF ROOMING AND BOARDING HOUSE STANDARDS**

NOTICE OF AUTHORIZATION

As indicated by my signature below, I hereby authorize the NJ Department of Community Affairs, Division of Codes and Standards, Bureau of Rooming and Boarding House Standards, to obtain a criminal background report on myself for the purpose of evaluating my eligibility for a license to own and/or operate a rooming/boarding house, homeless shelter or a residential health care facility.

I understand that such reports may include information bearing upon my character, general reputation and personal characteristics.

I understand that I have the right to request the complete and accurate disclosure of the nature and scope of any investigative search performed. I may request a copy of the report from the reporting agency named below and have the right to directly dispute the information contained in said report.

**Thompson Reuters
Consumer Relations**

Name (Please Print): _____

Street Address: _____

City, State, Zip _____

Social Security No.: _____ Date of Birth _____

Authorized Signature: _____ Date: _____

Control No.: _____