

**PENNSYLVANIA RESIDENT  
VERIFICATION FOR WAIVER OF FBI REPORT**

Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ City/State of Birth: \_\_\_\_\_  
Driver's License Number: \_\_\_\_\_

Current Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you have lived at your current address for less than 10 years, please list all prior addresses for the past ten (10) years:

Street	State	Dates lived here:

Additional documentation of residency may be required to verify the information provided on this form.

I swear and affirm that I have been a resident of the Commonwealth of Pennsylvania for the entirety of the previous ten (10) years.

I understand that statements herein are made subject to the penalties of 18 Pa. C.S. § 4904 relating to unsworn falsification to authorities.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

**VOLUNTEER REQUEST FOR WAIVER OF  
FBI – FEDERAL CRIMINAL HISTORY RECORD CHECK**

I declare under penalty of perjury that the following is true and correct:

1. I have been a resident of the Commonwealth of Pennsylvania during the entirety of the previous ten-year period from the date of this document;
2. I have NEVER been named as the perpetrator of a founded report of child abuse;
3. I have NEVER been convicted of one or more of the following types of offenses, including the attempt, solicitation or conspiracy to commit any of the following offenses:
  - a. Criminal homicide
  - b. Aggravated assault
  - c. Stalking
  - d. Kidnapping
  - e. Unlawful Restraint
  - f. Rape
  - g. Statutory sexual assault
  - h. Sexual assault
  - i. Involuntary deviate sexual intercourse
  - j. Aggravated indecent assault
  - k. Indecent assault
  - l. Indecent exposure
  - m. Incest
  - n. Concealing the death of a child
  - o. Endangering the welfare of a child
  - p. Dealing in infant children
  - q. Prostitution and related offenses
  - r. Crimes related to obscene and other sexual materials and performances
  - s. Corruption of minors
  - t. Sexual abuse of children
4. Within the 5 year period immediately preceding the date of this document, I have not been convicted of a felony offense under The Controlled Substance, Drug, Device and Cosmetic Act; AND
5. I have not been convicted of an offense similar in nature to those crimes listed under paragraphs 2, 3 or 4 above under the laws or former laws of the United States or one of its territories or possessions, another state, the District of Columbia, the Commonwealth of Puerto Rico or a foreign nation, or under a former law Pennsylvania.

I understand that statements herein are made subject to the penalties of 18 Pa. C.S. §4904 relating to unsworn falsification to authorities.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name