



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**

**Department of Business Regulation  
INSURANCE DIVISION  
233 Richmond Street, Suite 233  
Providence, RI 02903 – 4233  
Telephone No. (401) 222-2223  
www.dbr.state.ri.us**

**FAX No. (401) 222-5475  
TDD No. (401) 222-2999**

**WAIVER FORM required for all Rhode Island residents**

I, \_\_\_\_\_, of \_\_\_\_\_  
(resident applicant's name) (address)

having a date of birth of \_\_\_\_\_ and social security # of \_\_\_\_\_  
am applying for a \_\_\_\_\_ license with the Department of Business Regulation and I  
hereby direct and authorize the Bureau of Criminal Identification of the Department of Attorney  
General for the State of Rhode Island to make available to the Department of Business Regulation any  
criminal record or other disposition that the Bureau of Criminal Identification has on file in reference  
to me.

I hereby waive and release any and all manner of actions, cause of actions and demands of every kind,  
nature and description, arising from any release of criminal records and requests there from,  
whatsoever against the State of Rhode Island, Bureau of Criminal Identification, the Attorney General,  
the employees of the Office of Attorney General and officials of the Department of Business  
Regulation in both laws and equity which I may now have or in the future may have.

\_\_\_\_\_  
(Signature of Applicant)

Sworn to before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_