

BCI PERSONAL INFORMATION FORM DO NOT GET ONE DONE ELSEWHERE

Name: James A. Roehm Street Address: 17 Russell Dr.N/
City: N. Kingstown State: RI Zip Code: 02852
Phone Number: 4012941556 Date of Birth: 08/06/196 Male X Female
Cell Number: 4014658375 Email: jamesaroehm@icloud.com

Military: n/a How Many Years:
Type of Discharge:
Former Address:
Current Address:
Business Address :

HACKNEY LICENSES ONLY Driver's License:
Class of License: Have you had any violations in the past 18 months?
If so Explain:

AFFIDAVIT
Have you ever been arrested? No If so, what was the offense, what City/State, dates?

PRIVATE DETECTIVES: Do you intend to carry a firearm? If yes, permit Number:

I THE UNDERSIGNED APPLICANT, AFFIRM THAT THE FACTS CONTAINED HEREIN ARE TRUE AND THAT ANY OMISSION OR NON FACTUAL INFORMATION COULD RESULT IN THE DENIAL OF MY LICENSE.

Sign: James A. Roehm Date: 09/05/2019

DO NOT WRITE BELOW- POLICE USE ONLY

Record: No Record:
Charges:

Approved: Disapproved: Date:

Chief of Police Investigating Officer