



NEW YORK CITY CORRECTION DEPARTMENT
APPLICATION INVESTIGATION UNIT
75-20 ASTORIA BLVD., SUITE 130
EAST ELHURSTMENT, NY 11370
718-546-3238 (TEL)
718-278-6072 (FAX)

DATE: _____

Name: _____

Exam#: _____

Social Security: _____

List#: _____

1) Do you currently have a United States Passport? **Yes** **No**

2) Do you possess more than one Passport? **Yes** **No**

If you checked yes please list for which countries _____

3) Do you have Dual Citizenship? **Yes** **No**

If you checked yes please list for which countries _____

Signature: _____