



NEW YORK CITY CORRECTION DEPARTMENT  
APPLICATION INVESTIGATION UNIT  
75-20 ASTORIA BLVD, SUITE 250  
EAST ELMHURST, NY 11370  
718-546-3238 (TEL)  
718-546-6072 (FAX)

DATE: \_\_\_\_\_

Name: \_\_\_\_\_

Exam #: \_\_\_\_\_

Last Four of the S.S.#: \_\_\_\_\_

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 \_\_\_\_\_