

SUBMIT TO:

Louisiana State Police
Bureau of Criminal Identification and Information
P.O. Box 66614 (Mail Slip A-6)
Baton Rouge, LA 70896

THE FEE FOR PROCESSING A STATE BACKGROUND CHECK IS \$26. FOR FBI PROCESSING, WHERE AUTHORIZED OR REQUIRED, THERE IS AN ADDITIONAL \$19.25 FEE.

****FORMS MUST BE FILLED OUT IN INK AND BE REVIEWED BY SUBMITTING AGENCY/INDIVIDUAL FOR ACCURACY**
FINGERPRINTS ARE NECESSARY FOR A POSITIVE IDENTIFICATION**

****PLEASE PRINT****

AGENCY, FACILITY OR INDIVIDUAL

AGENCY, FACILITY OR INDIVIDUAL AUTHORIZED REPRESENTATIVE

MAILING ADDRESS

SIGNATURE OF AUTHORIZED REPRESENTATIVE

CITY STATE ZIP CODE

(_____)_____
AGENCY, FACILITY OR INDIVIDUAL PHONE NUMBER

AGENCY, FACILITY OR INDIVIDUAL E-MAIL ADDRESS

Request For: (pick one only)

- | | |
|--|---|
| <input type="checkbox"/> ALCOHOL AND BEVERAGE COMMISSION | <input type="checkbox"/> OFFICE OF PUBLIC HEALTH |
| <input type="checkbox"/> ALCOHOL BEVERAGE OUTLET | <input type="checkbox"/> PHARMACY BOARD |
| <input type="checkbox"/> BOARD OF EXAMINERS OF PSYCHOLOGIST | <input type="checkbox"/> POST SECONDARY EDUCATION |
| <input type="checkbox"/> CASA | <input type="checkbox"/> PRACTICAL NURSING |
| <input type="checkbox"/> COURT ORDER ADOPTION | <input type="checkbox"/> PRIVATE ADOPTION |
| <input type="checkbox"/> CRIMINAL JUSTICE EMPLOYEE | <input type="checkbox"/> PRIVATE INVESTIGATORS |
| <input type="checkbox"/> DAYCARE | <input type="checkbox"/> PRIVATE SECURITY |
| <input type="checkbox"/> DENTISTRY BOARD | <input type="checkbox"/> PUBLIC HOUSING |
| <input type="checkbox"/> DEPARTMENT OF INSURANCE | <input type="checkbox"/> PUBLIC TAG AGENT |
| <input type="checkbox"/> DEPARTMENT OF LABOR | <input type="checkbox"/> REGISTERED NURSING |
| <input type="checkbox"/> DSS ABUSE/NEGLECT INVESTIGATION | <input type="checkbox"/> RELIGIOUS ACTIVISTS |
| <input type="checkbox"/> DSS CARETAKER | <input type="checkbox"/> RIGHT TO REVIEW |
| <input type="checkbox"/> DSS FOSTER/ADOPTIVE | <input type="checkbox"/> RIVERBOAT PILOTS |
| <input type="checkbox"/> DSS PERSONNEL | <input type="checkbox"/> SCHOOL |
| <input type="checkbox"/> EMPLOYERS | <input type="checkbox"/> TAXI DRIVERS |
| <input type="checkbox"/> FIREFIGHTERS | <input type="checkbox"/> TESS EXPLOSIVE |
| <input type="checkbox"/> FIRE MARSHAL | <input type="checkbox"/> TESS WINDOW TINT |
| <input type="checkbox"/> HEALTH CARE PROVIDER (Non Licensed) | <input type="checkbox"/> USED MOTOR VEHICLE COMMISSION |
| <input type="checkbox"/> JUVENILE DETENTION CENTER | <input type="checkbox"/> VENDOR |
| <input type="checkbox"/> MANUFACTURED HOUSING | <input type="checkbox"/> VOLUNTEERS W/YOUTH SERVING ORG |
| <input type="checkbox"/> MEDICAL EXAMINERS | <input type="checkbox"/> WHOLESALE DRUG DISTRIBUTORS |
| <input type="checkbox"/> OFFICE OF FINANCIAL INSTITUTIONS | <input type="checkbox"/> WORKING WITH CHILDREN |

APPLICANTS FULL NAME: _____
****PRINT - USE INK****
LAST FIRST MIDDLE
{INCLUDE MAIDEN NAME & PREVIOUS MARRIED NAMES IF APPLICABLE}

APPLICANTS SIGNATURE: _____

APPLICANTS SOCIAL SECURITY # ___ - ___ - _____ DATE OF BIRTH: __/__/__

DRIVERS LICENSE # _____ & STATE _____ RACE _____ SEX _____

POSITION OR LICENSE APPLIED FOR _____

AUTHORIZATION TO DISCLOSE CRIMINAL HISTORY RECORDS INFORMATION

By my signature above, I hereby authorize the Louisiana State Police to release all pertinent criminal record information maintained in their files, other states files, or the FBI files (if applicable) which may confirm or deny my eligibility with the facility or agency named above. **DPSSP 6696**