

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. [EFFECTIVE MARCH 19, 2012 - FBI FEE \$16.50](Cashier Check, Business Check or Money Order)

****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 OR FACILITY AUTHORIZED REPRESENTATIVE

MAILING ADDRESS

SIGNATURE OF AUTHORIZED REPRESENTATIVE

CITY

STATE

ZIP CODE

()

AGENCY OR FACILITY PHONE NUMBER

AGENCY OR FACILITY AUTHORIZED REP E-MAIL ADDRESS

Request For: (pick one only)

- | | |
|---|--|
| <input type="checkbox"/> ALCOHOL AND BEVERAGE COMMISSION | <input type="checkbox"/> OFFICE OF FINANCIAL INSTITUTIONS |
| <input type="checkbox"/> ALCOHOL BEVERAGE OUTLET | <input type="checkbox"/> OFFICE OF PUBLIC HEALTH |
| <input type="checkbox"/> AUTHORIZED AGENCY | <input type="checkbox"/> PHARMACY BOARD |
| <input type="checkbox"/> BOARD OF EXAMINERS OF PSYCHOLOGIST | <input type="checkbox"/> POST SECONDARY EDUCATION |
| <input type="checkbox"/> BOARD OF NURSING HOME ADMINISTRATORS | <input type="checkbox"/> PRACTICAL NURSING |
| <input type="checkbox"/> CASA | <input type="checkbox"/> PRIVATE ADOPTION |
| <input type="checkbox"/> COURT ORDER ADOPTION | <input type="checkbox"/> PRIVATE INVESTIGATORS |
| <input type="checkbox"/> CRIMINAL JUSTICE EMPLOYEE | <input type="checkbox"/> PRIVATE SECURITY |
| <input type="checkbox"/> DAYCARE | <input type="checkbox"/> PUBLIC HOUSING |
| <input type="checkbox"/> DENTISTRY BOARD | <input type="checkbox"/> PUBLIC TAG AGENT |
| <input type="checkbox"/> DEPARTMENT OF INSURANCE | <input type="checkbox"/> REGISTERED NURSING |
| <input type="checkbox"/> DCFS ABUSE/NEGLECT INVESTIGATION | <input type="checkbox"/> RELIGIOUS ACTIVISTS |
| <input type="checkbox"/> DCFS CARETAKER | <input type="checkbox"/> RIGHT TO REVIEW |
| <input type="checkbox"/> DCFS FOSTER/ADOPTIVE | <input type="checkbox"/> RIVERBOAT PILOTS |
| <input type="checkbox"/> DCFS PERSONNEL | <input type="checkbox"/> SCHOOL |
| <input type="checkbox"/> EMPLOYERS | <input type="checkbox"/> SUPREME COURT COMMITTEE BAR ADMISSION |
| <input type="checkbox"/> FIREFIGHTERS | <input type="checkbox"/> TAXI DRIVERS |
| <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"/> LA PHYSICAL THERAPY BOARD | <input type="checkbox"/> WHOLESALE DRUG DISTRIBUTORS |
| <input type="checkbox"/> LA STATE BOARD SOCIAL WORK EXAMINERS | <input type="checkbox"/> WORKING WITH CHILDREN |
| <input type="checkbox"/> MANUFACTURED HOUSING | |
| <input type="checkbox"/> MEDICAL EXAMINERS | |

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: ___ / ___ / ___

ID or 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**

Revised 01/2012