

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****

FACILITY OR AGENCY			FACILITY OR AGENCY AUTHORIZED REPRESENTATIVE
MAILING ADDRESS			SIGNATURE OF AUTHORIZED REPRESENTATIVE
CITY	STATE	ZIP CODE	()
			FACILITY OR AGENCY PHONE NUMBER
FACILITY 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"/> CASA | <input type="checkbox"/> POST SECONDARY EDUCATION |
| <input type="checkbox"/> CONCEALED HANDGUNS | <input type="checkbox"/> PRACTICAL NURSING |
| <input type="checkbox"/> CRIMINAL JUSTICE EMPLOYEE | <input type="checkbox"/> PRIVATE ADOPTION |
| <input type="checkbox"/> DAYCARE | <input type="checkbox"/> COURT ORDER ADOPTION |
| <input type="checkbox"/> DENTISTRY BOARD | <input type="checkbox"/> PRIVATE INVESTIGATORS |
| <input type="checkbox"/> DEPARTMENT OF LABOR | <input type="checkbox"/> PRIVATE SECURITY |
| <input type="checkbox"/> DEPARTMENT OF PUBLIC SAFETY | <input type="checkbox"/> PUBLIC HOUSING |
| <input type="checkbox"/> EMPLOYERS | <input type="checkbox"/> PUBLIC TAG AGENT |
| <input type="checkbox"/> FIREFIGHTERS | <input type="checkbox"/> REGISTERED NURSING |
| <input type="checkbox"/> GAMING | <input type="checkbox"/> RELIGIOUS ACTIVISTS |
| <input type="checkbox"/> HEALTH CARE PROVIDER | <input type="checkbox"/> RIVERBOAT PILOTS |
| <input type="checkbox"/> JUVENILE DETENTION CENTER | <input type="checkbox"/> SCHOOL |
| <input type="checkbox"/> DEPARTMENT OF INSURANCE | <input type="checkbox"/> SENATE AND GOVERNMENTAL AFFAIRS |
| <input type="checkbox"/> MANUFACTURED HOUSING | <input type="checkbox"/> TAXI DRIVERS |
| <input type="checkbox"/> MEDICAL EXAMINERS | <input type="checkbox"/> USED MOTOR VEHICLE COMMISSION |
| <input type="checkbox"/> OCS ABUSE/NEGLECT INVESTIGATION | <input type="checkbox"/> VENDOR |
| <input type="checkbox"/> OCS CARETAKER | <input type="checkbox"/> VOLUNTEERS W/YOUTH SERVING ORG |
| <input type="checkbox"/> OCS FOSTER/ADOPTIVE | <input type="checkbox"/> WORKING WITH CHILDREN |
| <input type="checkbox"/> OCS PERSONNEL | <input type="checkbox"/> AUTHORIZED AGENCY |
| <input type="checkbox"/> OFFICE OF FINANCIAL INSTITUTIONS | <input type="checkbox"/> WHOLESALE DRUG DISTRIBUTORS |

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.