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 $14.75 FEE.

Acceptable forms of payment include: Cashier Check, Business Check with pre-printed business name, Money Order or Credit Card

****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 AUTHORIZED REPRESENTATIVE OR INDIVIDUAL

MAILING ADDRESS

SIGNATURE OF AUTHORIZED REPRESENTATIVE/INDIVIDUAL

CITY STATE ZIP CODE

(_____)_____
AGENCY, FACILITY OR INDIVIDUAL PHONE NUMBER

AGENCY OR FACILITY E-MAIL ADDRESS

Request For: (pick one only)

□ ALCOHOL BEVERAGE OUTLET
□ BEHAVIOR ANALYST BOARD
□ BOARD OF EXAMINERS OF PSYCHOLOGIST
□ BOARD OF NURSING HOME ADMINISTRATORS
□ CASA
□ COURT ORDER ADOPTION
□ CRIMINAL JUSTICE EMPLOYEE
□ DAYCARE
□ DENTISTRY BOARD
□ DEPT. OF INSURANCE – FRAUD DIVISION
□ DEPT. OF REVENUE (Public Registry of Motion Picture Investor Tax Credit)
□ DCFS ABUSE/NEGLECT INVESTIGATION
□ DCFS CARETAKER
□ DCFS FOSTER/ADOPTIVE
□ DCFS PERSONNEL
□ EMPLOYERS
□ FIREFIGHTERS
□ FIRE MARSHAL
□ HEALTH CARE PROVIDER (Non Licensed)
□ JUVENILE DETENTION CENTER
□ LA BOARD CHIROPRACTIC EXAMINERS
□ LA PHYSICAL THERAPY BOARD
□ LA STATE BOARD SOCIAL WORK EXAMINERS
□ LICENSED PROFESSIONAL COUNSELORS
□ MEDICAL EXAMINERS
□ OFFICE OF FINANCIAL INSTITUTIONS
□ OMVC – COMMERCIAL DRIVING EXAM ADMINISTER
□ OMVE – EMPLOYEE ISSUING COMMERCIAL DL
□ OMVI – CONTRACT PROCESS INQUIRY/TRANSACTION
□ OMVT – AUTO TITLE COMPANY / PUBLIC TAG AGENT
□ PHARMACY BOARD
□ POST SECONDARY EDUCATION
□ PRACTICAL NURSING
□ PRIVATE ADOPTION
□ PRIVATE INVESTIGATORS
□ PRIVATE SECURITY
□ PUBLIC HOUSING
□ REGISTERED NURSING
□ RELIGIOUS ACTIVISTS
□ SCHOOL
□ SUPREME COURT COMMITTEE BAR ADMISSION
□ TAXI DRIVERS
□ TESS WINDOW TINT
□ VOLUNTEER LOUISIANA COMMISSION
□ DRUG AND DEVICE DISTRIBUTORS
□ 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: _ _ / _ _ / _ _

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. Pursuant to Title 28, C.F.R., Section 16.34, officials making the determination of suitability for licensing or employment shall provide the opportunity to complete, or challenge the accuracy of, the information contained in the FBI identification record.