

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 \$24 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 FINANCIAL INSTITUTIONS            |
| <input type="checkbox"/> ALCOHOL BEVERAGE OUTLET         | <input type="checkbox"/> OFFICE OF PUBLIC HEALTH                     |
| <input type="checkbox"/> CASA                            | <input type="checkbox"/> PHARMACY BOARD                              |
| <input type="checkbox"/> CONCEALED HANDGUNS              | <input type="checkbox"/> POSTSECONDARY EDUCATION                     |
| <input type="checkbox"/> CRIMINAL JUSTICE EMPLOYEE       | <input type="checkbox"/> PRACTICAL NURSING                           |
| <input type="checkbox"/> DAYCARE                         | <input type="checkbox"/> PRIVATE 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 WITH YOUTH SERVING ORGANIZATIONS |
| <input type="checkbox"/> OCS FOSTER/ADOPTIVE             | <input type="checkbox"/> WORKING WITH CHILDREN                       |
| <input type="checkbox"/> OCS PERSONNEL                   |  |

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.