

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 \$31 (Including \$5.00 Technology Fee per La.RS 15:587D(1)).
FOR FBI PROCESSING, WHERE AUTHORIZED OR REQUIRED, THERE IS AN ADDITIONAL \$12.00 FEE.

Acceptable forms of payment include: *Cashier Check, Business Check with pre-printed business name or Money Order*
Credit Card payments are accepted when paying in person at Louisiana State Police Headquarters

****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****

Department of Culture, Recreation & Tourism

AGENCY, FACILITY OR INDIVIDUAL

1051 North 3rd Street

MAILING ADDRESS

Baton Rouge, La 70802

CITY

STATE

ZIP CODE

Britain Engleton

AGENCY, FACILITY AUTHORIZED REPRESENTATIVE OR INDIVIDUAL

Britain Engleton
SIGNATURE OF AUTHORIZED REPRESENTATIVE/INDIVIDUAL

(225) 342-0880

AGENCY, FACILITY OR INDIVIDUAL PHONE NUMBER

Bcarbins@CRT.la.gov
AGENCY OR FACILITY E-MAIL ADDRESS

Request For: (pick one only)

- | | |
|---|---|
| <input type="checkbox"/> ALCOHOL BEVERAGE OUTLET | <input type="checkbox"/> LA BOARD CHIROPRACTIC EXAMINERS |
| <input type="checkbox"/> AUTHORIZED AGENCY | <input type="checkbox"/> LA PHYSICAL THERAPY BOARD |
| <input type="checkbox"/> BEHAVIOR ANALYST BOARD | <input type="checkbox"/> LA STATE BOARD SOCIAL WORK EXAMINERS |
| <input type="checkbox"/> BOARD OF EXAMINERS (PSYCHOLOGIST) | <input type="checkbox"/> LICENSED PROFESSIONAL COUNSELORS |
| <input type="checkbox"/> BOARD OF EXAMINERS (SPEECH/LANGUAGE PATH. & AUDIO.) | <input type="checkbox"/> MEDICAL EXAMINERS |
| <input type="checkbox"/> BOARD OF NURSING HOME ADMINISTRATORS | <input type="checkbox"/> OFFICE OF FINANCIAL INSTITUTIONS |
| <input type="checkbox"/> CASA | <input type="checkbox"/> OMVC – COMMERCIAL DRIVING EXAM ADMINISTER |
| <input type="checkbox"/> COURT ORDER ADOPTION | <input type="checkbox"/> OMVE – EMPLOYEE ISSUING COMMERCIAL DL |
| <input type="checkbox"/> CRIMINAL JUSTICE EMPLOYEE | <input type="checkbox"/> OMVI – CONTRACT PROCESS INQUIRY/TRANSACTION |
| <input type="checkbox"/> DAYCARE / WORKING WITH CHILDREN | <input type="checkbox"/> OMVT – AUTO TITLE COMPANY / PUBLIC TAG AGENT |
| <input type="checkbox"/> DENTISTRY BOARD | <input type="checkbox"/> PHARMACY BOARD |
| <input type="checkbox"/> DEPT. OF AGRICULTURE AND FORESTRY | <input type="checkbox"/> POST SECONDARY EDUCATION |
| <input type="checkbox"/> DEPT. HEALTH AND HOSPITALS | <input type="checkbox"/> PRACTICAL NURSING |
| <input type="checkbox"/> DEPT. OF INSURANCE – FRAUD DIVISION | <input type="checkbox"/> PRIVATE ADOPTION |
| <input type="checkbox"/> DEPT. OF REVENUE (Public Registry of Motion Picture Investor Tax Credit) | <input type="checkbox"/> PRIVATE INVESTIGATORS |
| <input type="checkbox"/> DCFS ABUSE/NEGLECT INVESTIGATION | <input type="checkbox"/> PRIVATE SECURITY |
| <input type="checkbox"/> DCFS CARETAKER | <input type="checkbox"/> PUBLIC HOUSING |
| <input type="checkbox"/> DCFS FOSTER/ADOPTIVE | <input type="checkbox"/> REGISTERED NURSING |
| <input type="checkbox"/> DCFS PERSONNEL | <input type="checkbox"/> RELIGIOUS ACTIVISTS |
| <input type="checkbox"/> DRUG AND DEVICE DISTRIBUTORS | <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"/> GESTATIONAL CONTRACTS | <input type="checkbox"/> VOLUNTEER LOUISIANA COMMISSION |
| <input type="checkbox"/> HEALTH CARE PROVIDER (Non Licensed) | <input type="checkbox"/> WILDLIFE AND FISHERIES |
| <input type="checkbox"/> JUVENILE DETENTION CENTER | <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: __/__/__

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.

DPSSP 6696

Revised 1/2/2025

ATN _____

SID# _____

**APPLICANT PROCESSING – DISCLOSURE
BUREAU OF CRIMINAL IDENTIFICATION AND
INFORMATION**

P.O. BOX 66614 (MAIL SLIP A-6)
BATON ROUGE, LA 70896

AGENCY, BUSINESS OR INDIVIDUAL NAME

MAILING ADDRESS

CITY STATE ZIP CODE

NOTICE:
PLEASE PRINT OR TYPE
INFORMATION, EXCLUDING
ADMINISTRATORS OR AUTHORIZED
PERSONS SIGNATURE.

**INCOMPLETE FORMS WILL NOT BE
PROCESSED.**

NAME OF APPLICANT

DATE OF BIRTH

PLACE OF BIRTH
(STATE)

RACE / SEX

WEIGHT

HEIGHT

HAIR COLOR

EYE COLOR

SOCIAL SECURITY NUMBER

**ALL INFORMATION RELEASED MUST REMAIN STRICTLY CONFIDENTIAL AND ONLY THOSE
AUTHORIZED BY LAW TO RECEIVE THIS INFORMATION MAY SUBMIT A REQUEST.**

DO NOT WRITE BELOW THIS LINE: {For Bureau of Criminal Identification and Information Use Only}

NOTICE: The response to your request for a criminal history check is based on a review of the State of Louisiana's criminal history records database as is available at the time of request. This does not preclude the possible existence of an arrest or conviction information not available in our database.

DATE

ARRESTING AGENCY

CONVICTION INFORMATION

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Buyer: Department of Culture, Recreation & Tourism

Seller: PUBLIC SAFETY

AMOUNT: \$ 31.00

PO Box 66909

Contact Name: Britain Engleton

Baton Rouge, LA 70896

Contact Phone: (225)-342-0880

DESCRIPTION OF GOODS/SERVICES

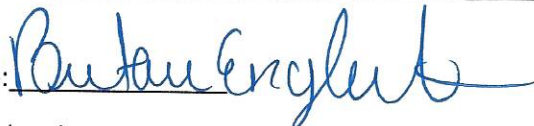
FINGERPRINTS Name:

S.S. #:

PLEASE USE THE BELOW CHART TO ENTER YOUR EXPENDITURE CODING TO PROCESS THE INTERAGENCY TRANSACTION. (AFSJ4/PV TYPE 2):

AGENCY	ORGINZATION	OBJECT	SUB-OBJECT	REPORTING	AMOUNT
0264	0640000000	5950001			\$31.00
	COST CTR				
	0641016101				

Approve: _____



Date: _____

Phone#: (225)-342-0880

Buyer: Department of Culture, Recreation & Tourism

Seller: PUBLIC SAFETY

AMOUNT: \$ 10.00

PO Box 66909

Contact Name: Britain Engleton

Baton Rouge, LA 70896

Contact Phone: (225)-342-0880

DESCRIPTION OF GOODS/SERVICES

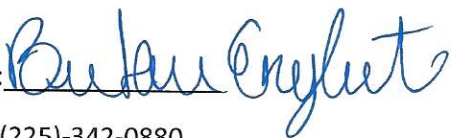
FINGERPRINTS Name:

S.S. #:

PLEASE USE THE BELOW CHART TO ENTER YOUR EXPENDITURE CODING TO PROCESS THE INTERAGENCY TRANSACTION. (AFSJ4/PV TYPE 2):

AGENCY	ORGINZATION	OBJECT	SUB-OBJECT	REPORTING	AMOUNT
0264	0640000000	5950001			\$10.00
	COST CTR				
	0641016101				

Approve: _____



Date: _____

Phone#: (225)-342-0880