

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 \$13.25 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\*\*\*\*

AGENCY, FACILITY OR INDIVIDUAL

AGENCY, FACILITY AUTHORIZED REPRESENTATIVE OR INDIVIDUAL

MAILING ADDRESS

Signature of Jo Ann Beck
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 (PSYCHOLOGIST)
BOARD OF EXAMINERS (SPEECH/LANGUAGE PATH. & AUDIO.)
BOARD OF NURSING HOME ADMINISTRATORS
CASA
COURT ORDER ADOPTION
CRIMINAL JUSTICE EMPLOYEE
DAYCARE / WORKING WITH CHILDREN
DENTISTRY BOARD
DEPT. OF AGRICULTURE AND FORESTRY
DEPT. HEALTH AND HOSPITALS
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
DRUG AND DEVICE DISTRIBUTORS
EMPLOYERS
FIREFIGHTERS
FIRE MARSHAL
GESTATIONAL CONTRACTS
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
WILDLIFE AND FISHERIES
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.

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.

## CRIMINAL HISTORY DETERMINATION

RAPSHEET ATTACHED

RESPONSE BELOW

DATE	ARRESTING AGENCY	CONVICTION INFORMATION
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**BUYER:** Department of Culture, Recreation & Tourism

**SELLER:** PUBLIC SAFETY

**AMOUNT:** \$26.00

PO Box 66909  
Baton Rouge, LA 70896

**CONTACT NAME:** Jo Ann Beck

**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	ORGANIZATION	OBJECT	SUB-OBJECT	REPORTING CATEGORY	AMOUNT
264	2641	4900			\$26.00

**APPROVE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**PHONE #:** (225) 342-8205