

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 \$16.50 FEE. (Cashier Check, Business Check or Money Order)

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****

Office of Motor Vehicles / Training and Certification Unit
AGENCY, FACILITY OR INDIVIDUAL / AGENCY, FACILITY AUTHORIZED REPRESENTATIVE OR INDIVIDUAL
Interoffice Mail/OMV-HQ-Customer Services
MAILING ADDRESS / SIGNATURE OF AUTHORIZED REPRESENTATIVE/INDIVIDUAL
Baton Rouge, LA 70806 (225) 925-1795
CITY STATE ZIP CODE AGENCY, FACILITY OR INDIVIDUAL PHONE NUMBER
ladrivingschools@dps.la.gov
AGENCY OR FACILITY E-MAIL ADDRESS

Request For: (pick one only)

- ALCOHOL AND BEVERAGE COMMISSION
ALCOHOL BEVERAGE OUTLET
BOARD OF EXAMINERS OF PSYCHOLOGIST
BOARD OF NURSING HOME ADMINISTRATORS
CASA
COURT ORDER ADOPTION
CRIMINAL JUSTICE EMPLOYEE
DAYCARE
DENTISTRY BOARD
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
MANUFACTURED HOUSING
MEDICAL EXAMINERS
OFFICE OF FINANCIAL INSTITUTIONS
OFFICE OF PUBLIC HEALTH
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
RIGHT TO REVIEW
RIVERBOAT PILOTS
SCHOOL
SUPREME COURT COMMITTEE BAR ADMISSION
TAXI DRIVERS
TESS WINDOW TINT
USED MOTOR VEHICLE COMMISSION
VENDOR
WHOLESALE DRUG 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 Driver Education Provider/Third Party Tester/Examiner

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.