

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 \$19.25 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
AGENCY, FACILITY OR INDIVIDUAL

Training & Certification Unit
AGENCY, FACILITY OR INDIVIDUAL AUTHORIZED REPRESENTATIVE

Interoffice Mail/OMV- HQ- Customer Services
MAILING ADDRESS

SIGNATURE OF AUTHORIZED REPRESENTATIVE

Baton Rouge LA 70806
CITY STATE ZIP CODE

(225)
AGENCY, FACILITY OR INDIVIDUAL PHONE NUMBER

AGENCY, FACILITY OR INDIVIDUAL E-MAIL ADDRESS

Request For: (pick one only)

- ALCOHOL AND BEVERAGE COMMISSION
- ALCOHOL BEVERAGE OUTLET
- AUTHORIZED AGENCY
- BOARD OF EXAMINERS OF PSYCHOLOGIST
- BOARD OF NURSING HOME ADMINISTRATORS
- CASA
- COURT ORDER ADOPTION
- CRIMINAL JUSTICE EMPLOYEE
- DAYCARE
- DENTISTRY BOARD
- DEPARTMENT OF INSURANCE
- DCFS ABUSE/NEGLECT INVESTIGATION
- DCFS CARETAKER
- DCFS FOSTER/ADOPTIVE
- DCFS PERSONNEL
- EMPLOYERS
- FIREFIGHTERS
- FIRE MARSHAL
- HEALTH CARE PROVIDER (Non Licensed)
- JUVENILE DETENTION CENTER
- LA PHYSICAL THERAPY BOARD
- LA STATE BOARD SOCIAL WORK EXAMINERS
- MANUFACTURED HOUSING

- MEDICAL EXAMINERS
- OFFICE OF FINANCIAL INSTITUTIONS
- OFFICE OF PUBLIC HEALTH
- PHARMACY BOARD
- POST SECONDARY EDUCATION
- PRACTICAL NURSING
- PRIVATE ADOPTION
- PRIVATE INVESTIGATORS
- PRIVATE SECURITY
- PUBLIC HOUSING
- PUBLIC TAG AGENT
- 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 _____

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. **DPSSP**