## 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***			
Compliance Backo	round Screen	ing Services	Phil Brattin			
AGENCY, FACILITY OR INDIVI		ing Corvices	AGENCY, FACILITY AUTHORIZED REPRESENTATIVE OR INDIVIDUAL			
PO Box 52911						
MAILING ADDRESS			SIGNATURE OF AUTHORIZED REPRESENTATIVE/INDIVIDUAL			
Lafayette	LA	70505	( 337 ) 376-5242			
CITY	STATE ZIP CODE		AGENCY, FACILITY OR INDIVIDUAL PHONE NUMBER			
			compliance@2cbss.com			
			AGENCY OR FACILITY E-MAIL ADDRESS			
Request For: (pick one on	<u>lly)</u>					
□ ALCOHOL BEVERAGE	OUTLET		□ LA PHYSICAL THERAPY BOARD			
$ \square \ BEHAVIOR \ ANALYST$	BOARD		□ LA STATE BOARD SOCIAL WORK EXAMINERS			
□ BOARD OF EXAMINE	RS (PSYCHOLOGIST)	)	□ LICENSED PROFESSIONAL COUNSELORS			
□ BOARD OF EXAMINE	RS (SPEECH/LANGUAGE	PATH. & AUDIO.)	□ MEDICAL EXAMINERS			
$\hfill\Box$ BOARD OF NURSING I	HOME ADMINISTR	RATORS	□ OFFICE OF FINANCIAL INSTITUTIONS			
□ CASA			$\ \ \square \ OMVC-COMMERCIAL \ DRIVING \ EXAM \ ADMINISTER$			
□ COURT ORDER ADOPTION			□ OMVE – EMPLOYEE ISSUING COMMERCIAL DL			
□ CRIMINAL JUSTICE EMPLOYEE			□ OMVI – CONTRACT PROCESS INQUIRY/TRANSACTION			
□ DAYCARE / WORKING	WITH CHILDREN	•	□ OMVT – AUTO TITLE COMPANY / PUBLIC TAG AGENT			
□ DENTISTRY BOARD			□ PHARMACY BOARD			
□ DEPT. OF AGRICULTU		Υ	□ POST SECONDARY EDUCATION			
□ DEPT. HEALTH AND HOSPITALS			□ PRACTICAL NURSING			
□ DEPT. OF INSURANCE – FRAUD DIVISION			□ PRIVATE ADOPTION			
□ DEPT. OF REVENUE (Public Registry of Motion Picture Investor Tax Credit)			□ PRIVATE INVESTIGATORS			
□ DCFS ABUSE/NEGLECT INVESTIGATION			□ PRIVATE SECURITY			
□ DCFS CARETAKER			□ PUBLIC HOUSING			
□ DCFS FOSTER/ADOPT	IVE		□ REGISTERED NURSING			
□ DCFS PERSONNEL	ICTDIDI ITADC		□ RELIGIOUS ACTIVISTS			
□ DRUG AND DEVICE D	ISTRIBUTORS		□ SCHOOL □ SUPREME COURT COMMITTEE BAR ADMISSION			
□ EMPLOYERS						
□ FIREFIGHTERS □ FIRE MARSHAL			□ TAXI DRIVERS □ TESS WINDOW TINT			
	ACTS		□ VOLUNTEER LOUISIANA COMMISSION			
□ GESTATIONAL CONTRACTS □ HEALTH CARE PROVIDER (Non Licensed)			□ WILDLIFE AND FISHERIES			
□ JUVENILE DETENTION CENTER			□ WORKING WITH CHILDREN			
□ LA BOARD CHIROPRA		3	WORKING WITH CHILDREN			
ELITBOTHED CHINOTHE	LETTE LZW HVIII VEIK	,				
APPLICANTS FULL NAM	1E:					
****PRINT – USE INK***	**	LAST	FIRST MIDDLE			
{INCL!	JDE MAIDEN NAM	ME & PREVIOUS N	MARRIED NAMES IF APPLICABLE}			
APPLICANTS SIGNATUR	RE:					
APPLICANTS SOCIAL SE	ECURITY #	D	ATE 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 12/26/2018

ATN	SID#
ATN	SID#

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

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

Compliance B AGENCY, BUSIN PO Box 52917 MAILING ADDRE	ackground Screeni ESS OR INDIVIDUAL N ESS LA STATE	] ] ]	NOTICE: PLEASE PRINT OR TYPE INFORMATION, EXCLUDING ADMINISTRATORS OR AUTHORIZED PERSONS SIGNATURE.  INCOMPLETE FORMS WILL NOT BE PROCESSED.			
NAME OF APPLIC	CANT DATE	E OF BIRTH		OF BIRTH	RACE / SEX	
WEIGHT	Ŧ	HEIGHT		CATE)	EYE COLOR	
AUTHORIZ DO NOT NOTICE: ' Louisiana's	RMATION RELEASED MEED BY LAW TO RECEIVED WRITE BELOW THIS LICTURE response to your required criminal history records existence of an arrest or	VE THIS INFORMA NE: {For Bureau of County uest for a criminal h database as is availa	TION MAY S riminal Identification istory check in ble at the time	UBMIT A REQUES cation and Information s based on a review of request. This do	T. n Use Only} v of the State of	
DATE A	<u>ARRESTING AGENCY</u>		CONVICTION INFORMATION			