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 $24 FEE.

****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******

_____ _____
FACILITY OR AGENCY FACILITY OR AGENCY AUTHORIZED REPRESENTATIVE

_____ _____
MAILING ADDRESS SIGNATURE OF AUTHORIZED REPRESENTATIVE

_____ (_____)_____
CITY STATE ZIP CODE FACILITY OR AGENCY PHONE NUMBER

Request For: (pick one only)

□ **ALCOHOL AND BEVERAGE COMMISSION**
□ **ALCOHOL BEVERAGE OUTLET**
□ **CASA**
□ **CONCEALED HANDGUNS**
□ **CRIMINAL JUSTICE EMPLOYEE**
□ **DAYCARE**
□ **DENTISTRY BOARD**
□ **DEPARTMENT OF LABOR**
□ **DEPARTMENT OF PUBLIC SAFETY**
□ **EMPLOYERS**
□ **FIREFIGHTERS**
□ **GAMING**
□ **HEALTH CARE PROVIDER**
□ **IMMIGRATION**
□ **JUVENILE DETENTION CENTER**
□ **DEPARTMENT OF INSURANCE**
□ **MANUFACTURED HOUSING**
□ **MEDICAL EXAMINERS**
□ **OCS FOSTER/ADOPTIVE**
□ **OCS PERSONNEL**
□ **OFFICE OF FINANCIAL INSTITUTIONS**
□ **OFFICE OF PUBLIC HEALTH**
□ **PHARMACY BOARD**
□ **POSTSECONDARY EDUCATION**
□ **PRACTICAL NURSING**
□ **PRIVATE ADOPTION**
□ **PRIVATE INVESTIGATORS**
□ **PRIVATE SECURITY**
□ **PUBLIC HOUSING**
□ **PUBLIC TAG AGENT**
□ **REGISTERED NURSING**
□ **RELIGIOUS ACTIVISTS**
□ **RIVERBOAT PILOTS**
□ **SCHOOL**
□ **SENATE AND GOVERNMENTAL AFFAIRS**
□ **TAXI DRIVERS**
□ **USED MOTOR VEHICLE COMMISSION**
□ **VOLUNTEERS WITH YOUTH SERVING ORGANIZATIONS**

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: _ _ / _ _ / _ _

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.