

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****

LA STATE BOARD OF PRIVATE SECURITY EXAMINERS <small>FACILITY OR AGENCY</small> <u>15703 OLD HAMMOND HIGHWAY</u> <small>MAILING ADDRESS</small> <u>BATON ROUGE</u> <u>LA</u> <u>70816</u> <small>CITY</small> <small>STATE</small> <small>ZIP CODE</small>	<u>WAYNE R. ROGILLIO</u> <small>FACILITY OR AGENCY AUTHORIZED REPRESENTATIVE</small> <small>SIGNATURE OF AUTHORIZED REPRESENTATIVE</small> <u>(225) 272-2310</u> <small>FACILITY OR AGENCY PHONE NUMBER</small> <u>N/A</u> <small>FACILITY E-MAIL ADDRESS</small>
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Request For: (pick one only)

- | | |
|--|--|
| <input type="checkbox"/> ALCOHOL AND BEVERAGE COMMISSION
<input type="checkbox"/> ALCOHOL BEVERAGE OUTLET
<input type="checkbox"/> CASA
<input type="checkbox"/> CONCEALED HANDGUNS
<input type="checkbox"/> CRIMINAL JUSTICE EMPLOYEE
<input type="checkbox"/> DAYCARE
<input type="checkbox"/> DENTISTRY BOARD
<input type="checkbox"/> DEPARTMENT OF LABOR
<input type="checkbox"/> DEPARTMENT OF PUBLIC SAFETY
<input type="checkbox"/> EMPLOYERS
<input type="checkbox"/> FIREFIGHTERS
<input type="checkbox"/> GAMING
<input type="checkbox"/> HEALTH CARE PROVIDER
<input type="checkbox"/> JUVENILE DETENTION CENTER
<input type="checkbox"/> DEPARTMENT OF INSURANCE
<input type="checkbox"/> MANUFACTURED HOUSING
<input type="checkbox"/> MEDICAL EXAMINERS
<input type="checkbox"/> OCS ABUSE/NEGLECT INVESTIGATION
<input type="checkbox"/> OCS CARETAKER
<input type="checkbox"/> OCS FOSTER/ADOPTIVE
<input type="checkbox"/> OCS PERSONNEL | <input type="checkbox"/> OFFICE OF FINANCIAL INSTITUTIONS
<input type="checkbox"/> OFFICE OF PUBLIC HEALTH
<input type="checkbox"/> PHARMACY BOARD
<input type="checkbox"/> POSTSECONDARY EDUCATION
<input type="checkbox"/> PRACTICAL NURSING
<input type="checkbox"/> PRIVATE ADOPTION
<input type="checkbox"/> PRIVATE INVESTIGATORS
<input checked="" type="checkbox"/> PRIVATE SECURITY
<input type="checkbox"/> PUBLIC HOUSING
<input type="checkbox"/> PUBLIC TAG AGENT
<input type="checkbox"/> REGISTERED NURSING
<input type="checkbox"/> RELIGIOUS ACTIVISTS
<input type="checkbox"/> RIVERBOAT PILOTS
<input type="checkbox"/> SCHOOL
<input type="checkbox"/> SENATE AND GOVERNMENTAL AFFAIRS
<input type="checkbox"/> TAXI DRIVERS
<input type="checkbox"/> USED MOTOR VEHICLE COMMISSION
<input type="checkbox"/> VENDOR
<input type="checkbox"/> VOLUNTEERS WITH YOUTH SERVING ORGANIZATIONS
<input type="checkbox"/> 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: __/__/__

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 6696

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

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

LSPAPP5/R10.03

Louisiana State Board of
Private Security Examiners
AGENCY

15703 Old Hammond Hwy.
MAILING ADDRESS

Baton Rouge, La. 70816
CITY STATE ZIP CODE

NOTICE:
PLEASE PRINT OR TYPE INFORMATION,
EXCLUDING ADMINISTRATORS OR
AUTHORIZED PERSONS SIGNATURE.
INCOMPLETE FORMS WILL NOT BE
PROCESSED.

NAME

DATE OF BIRTH

RACE/SEX

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 conviction information not available in our database.

CRIMINAL HISTORY DETERMINATION:

RAPSHEET ATTACHED

RESPONSE BELOW