

ATN# _____

SID# _____

TIME F/P COMPLETED _____ TIME DESC.COMP _____

MANDATORY

\$10.00 Fingerprint Fee

\$26.00 Processing Fee

Louisiana State Police

Bureau of Criminal Identification and Information

P.O. Box 66614 (Mail Slip A-6)

Baton Rouge, LA 70896

R/R

2 SEPARATE MONEY ORDERS, CASHIER CHECKS OR BUSINESS CHECKS OR CREDIT CARD

RIGHT TO REVIEW

****Electronically Processed Fingerprints obtained by State Police after 3:30 will be available for pick up the next business day****

*****FINGERPRINTS ARE NECESSARY FOR A POSITIVE IDENTIFICATION*****

*****PLEASE PRINT*****

APPLICANTS FULL NAME:

LAST

FIRST

MIDDLE

STREET ADDRESS:

COMPLETE STREET ADDRESS TO INCLUDE APARTMENT/LOT #

CITY: _____

STATE: _____

ZIP CODE: _____

PHONE NUMBER (____) _____

SOCIAL SECURITY NUMBER: ____ / ____ / ____

DATE OF BIRTH: ____ / ____ / ____

DRIVERS LICENSE OR ID NUMBER _____ & **STATE:** _____ **RACE:** _____ **SEX:** _____

APPLICANTS SIGNATURE:

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