

INDIVIDUAL APPLICATION CHECKLIST

Before submitting your application, please make sure you have completed the below checklist. If you do not prepare the packet in detail and as requested, it will be returned, and you will be charged a \$20.00 processing fee. **Average processing time for applications mailed into the board office is 2-3 months. You may not work as a private investigator until your individual private investigator license number has been issued.**

- Completed the board approved 40-hour course and received written notification of passing the exam. **If you are exempt from the course, you must have taken and passed the exam before submitting this application.**
- Individual application (three pages) must be completely filled out and notarized. **Please make sure you sign your name between the lines on page three.**
- Sponsor form filled out and signed by sponsoring Agency holder.
- Copy of your current driver's license.
- 4 X 6 or 5 X 7 color photograph with a light-colored background. **Passport photos are not acceptable.** *If you are currently licensed as a Louisiana investigator, you will not need to submit a new photo.*
- Completely fill out two state police forms and two fingerprint cards. You must have your fingerprints printed on the enclosed cards. **If you choose to submit your application in person to the board office to speed up the background check process, the fingerprint cards MUST be printed at your local law enforcement agency before coming to our office.** *If you are currently licensed as a Louisiana investigator and are getting an additional license, you will not need to submit the state police forms and fingerprint cards.*
- Fee – The Individual application fee is \$189.25. **Payment must be in the form of a money order or business/personal check. We do not accept cash or credit cards.** *If you are currently a Louisiana licensed investigator, please contact the board office to inquire about total fees. **These fees are non-refundable.*** Before submitting your application, please make sure you have completed each item on the checklist. **Incomplete/incorrect applications will be returned and charged a \$20.00 processing fee.**

The board office only accepts applications (hand delivered) between the hours of 8:00am – 10:30am & 12:30pm – 2:00pm, Monday through Thursday. We do NOT accept hand delivered applications on Friday. The board office does not accept cash or credit cards.

JEFF LANDRY
GOVERNOR



State of Louisiana
Board of Private Investigator Examiners

LANCE WALLACE
WALTER T. ASMUSSEN
MARIA LANDRY
MARCAL POUILLARD
ANNETTE KOVAC
JONATHAN MITCHELL
PAUL DUGAS
PAT ENGLADE
EXECUTIVE DIRECTOR

APPLICATION PACKAGE

INDIVIDUAL

Dear Sir or Madam:

I am enclosing the requested application packet for private investigator licensing as required by **LA. R.S. 37:3500-3525**.

Please read all information carefully and complete the entire application by either typing or printing the information when answering all questions. When sending in your application, you must send everything that is required in the instruction sheets in order for your application to be processed. If not complete, the application will not be accepted or processed and your entire packet will be returned to you for further completion. An additional \$20.00 processing fee will be added to all returned paperwork. Once an application is accepted, there will be no refund of fees per **LA. R.S. 37:3516(A)**.

The Board staff will be happy to answer any questions that you may have concerning the application. I suggest that you contact the Board office at (225) 763-3556 or (800) 299-9696.

The Board encourages you to attend all meetings of the Board as time permits. We appreciate your interest.

Sincerely,

A handwritten signature in cursive script that reads "Pat Englade".

Pat Englade
Executive Director

Private Investigator Individual Applicant

You have been provided an application so that you may apply for a private investigator Individual level license. You must complete the entire application, being extremely detailed when providing information.

The application is a three page document. It must be completed in detail and must be notarized. Do not leave any questions unanswered.

The fingerprinting should be performed by someone competent in the area of fingerprinting. If there are smudges and smears, the cards are likely to be rejected and your application process will be stalled. **Both cards must be properly filled out, providing all information on the cards.**

The required COLOR photograph must be clear and precise and must be a 4 X 6 or a 5 X 7 with a light-colored background. Passport photographs are not acceptable as well as digital photographs. Reproductions and copies are also not acceptable. **YOUR PHOTO MUST LOOK EXACTLY LIKE THE EXAMPLE IN THE BACK OF THIS PACKET.**

The State Police documents and the fingerprint cards must be returned in the application package. You must provide a clear and concise copy of your driver's license.

The licensing fees are \$189.25 and are **non-refundable**. **Payment must be in the form of a money order or business/personal check. We do not accept cash or credit cards.** In the event the Board declines/refuses to license you, no fees will be returned to you. After receiving your application, your fingerprints will be sent to the State Police and the Federal Bureau of Investigation.

If you do not prepare the application in detail and as requested, it will be returned to you, thus stalling your application process.

**PRIVATE INVESTIGATOR EXAMINERS
APPLICATION**

FOR BOARD USE ONLY

Last Name	First Name	Middle Name
1. Agency Name		
Agency Street Address		
Agency Mailing Address		
City	State	Zip
2. Present Resident Address		
City	State	Zip

Date Received:
Date Approved:
License Number:
3. Social Security Number:
4. Driver's License No. & State:
5. Phone Numbers (Include Area Code):
Residence #
Agency #

Former Residence for Last 7 Years

From	To	Street and Number	City, State, Zip Code
Month Year			
Month Year			
Month Year			
Month Year			

Description:

Age	Sex	Height	Weight	Hair	Eyes	Build	Complexion
8. Date of Birth		9. Citizen of:			10. Place of Birth (City, State)		
11. Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widow(ed) <input type="checkbox"/> Separated				Spouse's Name		Date and Place of Divorce or Separation	
12. Have you ever served in U. S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No				Branch of Service		Dates of Service	
13. Are you now a member of a Reserve or NG Organization? <input type="checkbox"/> Yes <input type="checkbox"/> No				If Yes, state unit designation and address			
14. Have you ever been court martialled, fined, or disciplined under UCMJ or service regulations? <input type="checkbox"/> Yes <input type="checkbox"/> No				If answer is yes, explain fully giving dates and location on a separate sheet.			
15. Have you ever been convicted in any jurisdiction of any felony? <input type="checkbox"/> Yes <input type="checkbox"/> No				If answer is yes, please furnish complete details concerning the conviction(s) on a separate page.			
16. Are you now or have you ever been a member of, or have you supported any movement, group or organization which advocates the overthrow of the government of the United States of America? <input type="checkbox"/> Yes <input type="checkbox"/> No				If answer is yes, please furnish complete details on a separate page.			
17. Have you ever been denied or refused a license? <input type="checkbox"/> Yes <input type="checkbox"/> No				If your answer is yes, please furnish complete details on a separate page.			
18. Have you ever been convicted of a crime involving moral turpitude? <input type="checkbox"/> Yes <input type="checkbox"/> No				If your answer is yes, please furnish complete details on a separate page.			

19. List below all of your work experience in the last 7 years. If more space is needed, use a separate sheet.

A. Date of Employment From: _____ To: _____		Type of Business	Your Title and Position
Name of Business		Name and Title of Immediate Supervisor	
Reason for Leaving			
Describe your work in detail			

B. Date of Employment From: _____ To: _____		Type of Business	Your Title and Position
Name of Business		Name and Title of Immediate Supervisor	
Reason for Leaving			
Describe your work in detail			

C. Date of Employment From: _____ To: _____		Type of Business	Your Title and Position
Name of Business		Name and Title of Immediate Supervisor	
Reason for Leaving			
Describe your work in detail			

20. Has your driver's license ever been suspended?
 Yes No

21. REFERENCES: List 3 persons, not employers or relatives, who have a knowledge of your character and ability.

Name	Address	Occupation	Years Known
A.			
B.			
C.			

YOUR EMAIL ADDRESS: _____

	Grade Completed	Date Last Attended	Did You Graduate?	Name/Location of School
Elementary	1 2 3 4 5 6 7 8			
High School	9 10 11 12			
College and Other Schools Attended				

***NOTICE: PLEASE SIGN BETWEEN THE LINES USING BLACK INK. ALSO, PLEASE WAIT TO SIGN UNTIL YOU ARE IN FRONT OF THE NOTARY. THEY HAVE TO WITNESS YOUR SIGNATURE.**

CERTIFICATE

I hereby certify that this application contains no willful misrepresentation or falsification, and that information given by me is true and complete to the best of my knowledge and belief. By signing this form, you are acknowledging the receipt of the Privacy Act Statement, Noncriminal Justice Applicant Privacy Rights, FBI Privacy Act Statement, and Fingerprint Challenge Rights Notice. I acknowledge that my signature below constitutes my consent for all information and references to be verified by the Board.

_____ Date

_____ Signature

Sworn to and Subscribed this _____ day of _____, before _____

Notary Public, Parish/County of _____ State of _____

Notary Public

LOUISIANA STATE BOARD
PRIVATE INVESTIGATOR EXAMINERS
7414 PERKINS ROAD, SUITE 120
BATON ROUGE, LA 70808

PHONE (225) 763-3556

SPONSOR FORM

DATE: _____

SPONSORING AGENCY NAME: _____

AGENCY MAILING ADDRESS: _____

(city)

(state)

(zip)

AGENCY PHONE # (_____) _____

Please print the following:

I agree to sponsor _____
(name of applicant or investigator)

in the capacity indicated below:

() Licensed Investigator

() Apprentice

Agency Owner/Manager:

(Print name)

(Signature)

Owner/Manager's LA Private Investigator License Number

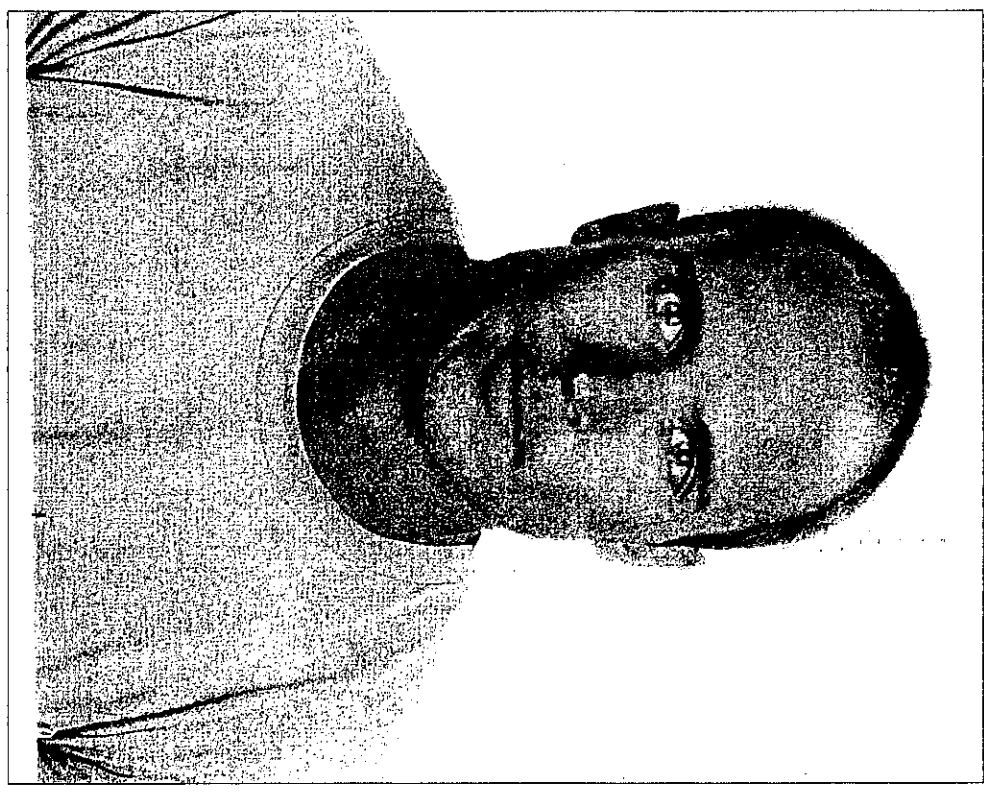
PHOTOGRAPH FOR YOUR INDENTIFICATION CARD

Please provide a photograph meeting the requirements below so that we may scan your picture into our computer to be used on your ID card. Please also print your name and social security number on the back of the picture.

- 4"x6" or 5"x7" glossy color photo
- **White background**
- **No passport photos may be used**
- No enlargements of passport photos
- No computer images or copies
- No photocopies
- No sunglasses or hats

Please know that the photo will remain in your file at the Board office. You will not receive the photo back.

***Please see the example on the right. Only photos resembling this example will be accepted. All others will be returned along with your application packet until a photo meeting these requirements is received.**



If your photo does not include your whole head and shoulders exactly like the above photo, your application will be returned.

Background Checks Can Come Back Faster

The below process, substantially decreases the amount of time in which we must wait for the applicants criminal background check to be completed. Currently, when the applicant submits their application to the Board office, we mail the state police forms and finger print cards to the State Police for a background check, it takes approximately ten to twelve weeks, if not longer before this process is completed, and the Board is allowed to issue the license (pending approval). If the applicant would like to take advantage of personally bringing their **completed** application to the board office in Baton Rouge, we will give them the proper paperwork to take to the State Police headquarters on Independence Boulevard in Baton Rouge. They will be able to have their fingerprints reprinted digitally and will result in the Board receiving their background check results within approximately five to ten business days. All business conducted by the State Police is contingent on their workload and the Louisiana State Board of Private Investigator Examiners has no control over that process.

1. To expedite the background process you must submit your complete application (**all** required documents), along with the required fees, including a set of printed fingerprint cards (2) to the board office. (**You must have already been printed on the provided fingerprint cards at your local law enforcement agency before you come to the board office.**) The office only accepts hand delivered applications **Monday – Thursday** between the hours of **8:00am – 10:30am & 12:30pm – 2:00pm** *by the applicant applying for the license.* We do **NOT** accept applications on Fridays. **Payment must be in the form of a money order or business/personal check. We do not accept cash or credit cards.**
2. The initial fee structure is as follows:
 - a. Agency-----\$339.25
 - b. Journeyman-----\$339.25
 - c. Individual-----\$189.25
 - d. Apprentice----\$189.25
 - e.
3. **If you choose to physically go to the State Police to have your prints scanned, you will be required to pay an extra \$10.00, (this must be a separate payment from the application fee). Louisiana State Police accepts cashier's checks, company checks, money orders or debit cards.** If you have no arrests on file, your background check from the State Police and the FBI should be reported back to the Board office within 5 to 10 business days instead of the normal 8 to 10 weeks.
4. **IMPORTANT !!!!!** If you make the decision to physically go to the State Police to have your prints scanned, **YOU MUST** first submit your completed application along with your printed fingerprint cards to the Board office first. **This process is not mandatory, it is a choice.** You can choose to mail your completed application (with all required documents and two printed fingerprint cards) to the board office.

FINGERPRINT CARDS

**PLEASE PAY CLOSE ATTENTION TO
THESE INSTRUCTIONS.**

The collection of applicant fingerprints by LSBPIE is authorized by La. R.S. 15:587 (A)(1)(c). The background check fees are included in the application fee. Your application will not be accepted unless the cards and two forms are attached. Only the cards sent by us will be accepted by LSBPIE. The cards must be completed; please accurately submit all requested information to the board office. Please type or print clearly in black ink. Please completely fill out the State Police forms (form DPSSP 6696 and LSPAPP3/R09.10), as this will slow down the application process if not done.

FRONT OF CARD

- You must *legibly* sign the card.
- You must give your residence's physical address, not a Post Office box.
- The date you were fingerprinted on must be recorded.
- The person who fingerprinted you must *legibly* sign the card under "official taking fingerprints".
- Your employer and the address of YOUR employer must be recorded.
- Our office will complete the box titled "reason fingerprinted". *Please do not write in this box.*
- Type or print your name in the block provided at the center top of card.
- If you have ever used an alias or any other name, provide that information.
- The country of which you are a citizen must be provided.
- Please leave the next 3 boxes blank (OCA#, FBI#, and MNU#).
- Your social security number must be provided.
- Leave blank the MNU.
- The ORI is already given. Please do not write in this box.
- Your date of birth must be provided.
- Your sex, race, height, weight, eyes and hair color must be provided.
- Your place of birth must be provided.

ADDITIONAL FORMS

- On Form No. DPSSP 6696, please fill in all spaces in the bottom section of the page.
- On Applicant Processing Disclosure Form, please fill in your name, date of birth, race/sex, and social security number.

IMPORTANT

The person fingerprinting you **MUST** personally view your driver's license. If you do not provide **ALL** information on both cards and both forms, your application package will be returned to you. This will delay your licensing process.

Privacy Act Statement

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Social Security Account Number (SSAN). Your SSAN is needed to keep records accurate because other people may have the same name and birth date. Pursuant to the Federal Privacy Act of 1974 (5 USC 552a), the requesting agency is responsible for informing you whether disclosure is mandatory or voluntary, by what statutory or other authority your SSAN is solicited, and what uses will be made of it. Executive Order 9397 also asks Federal agencies to use this number to help identify individuals in agency records.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

Additional Information: The requesting agency and/or the agency conducting the application-investigation will provide you additional information pertinent to the specific circumstances of this application, which may include identification of other authorities, purposes, uses, and consequences of not providing requested information. In addition, any such agency in the Federal Executive Branch has also published notice in the Federal Register describing any system(s) of records in which that agency may also maintain your records, including the authorities, purposes, and routine uses for the system(s).

NONCRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification¹ that your fingerprints will be used to check the criminal history records of the FBI.
- You must be provided, and acknowledge receipt of, an adequate Privacy Act Statement when you submit your fingerprints and associated personal information. This Privacy Act Statement should explain the authority for collecting your information and how your information will be used, retained, and shared.²
- If you have a criminal history record, the officials making a determination of your suitability for the employment, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The officials must advise you that the procedures for obtaining a change, correction, or update of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the criminal history record.³

You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.⁴

If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <https://www.fbi.gov/services/cjis/identity-history-summary-checks>.

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)

¹ Written notification includes electronic notification, but excludes oral notification.

² <https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement>

³ See 28 CFR 50.12(b).

⁴ See 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 34 U.S.C. § 40316 (formerly cited as 42 U.S.C. § 14616), Article IV(c); 28 CFR 20.21(c), 20.33(d) and 906.2(d).

FBI Privacy Act Statement

This privacy act statement is located on the back of the FD-258 fingerprint card.

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub.L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.



Louisiana State Police
Bureau of Criminal Identification & Information - LCJIS
7919 Independence Blvd., Baton Rouge, LA
225-925-6095

NOTICE TO APPLICANTS

As an applicant for a position requiring fingerprints to be submitted to the Louisiana Bureau of Criminal Identification and Information - Louisiana Criminal Justice Systems (BCII-LCJIS), and the Federal Bureau of Investigation, YOUR FINGERPRINTS WILL BE SUBMITTED TO THESE AGENCIES TO CHECK STATE AND FBI RECORDS.

Discrepancies on your Louisiana record can be challenged and corrected by contacting the Louisiana Bureau of Criminal Identification and Information at 7919 Independence Blvd., Baton Rouge, LA 70806, or by calling the BCII-LCJIS at (225) 925-6095. Additional information is available from the LSP.org website at <http://lsp.org/technical.html#criminal>. You will need the Authorization and Disclosure forms associated with the Right to Review Process.

Discrepancies on records from the FBI or relating to another state can be challenged through the FBI. Information, including that listed below, can be found at their website at www.fbi.gov.

The U.S. Department of Justice Order 556-73 (<https://www.fbi.gov/services/cjis/identity-history-summary-checks/us-department-of-justice-order-556-73>) establishes rules and regulations for the subject of an FBI Identification Record to obtain a copy of his or her own record for review. The FBI's Criminal Justice Information Services (CJIS) Division processes these requests.

How to Request a Copy of Your Record:

The FBI offers three methods for requesting your FBI Identification Record or proof that a record does not exist. Information on each option can be found at: <https://www.fbi.gov/services/cjis/identity-history-summary-checks>

Option 1: Electronically Submit Your Request Directly to the FBI at <https://www.edo.cjis.gov/>.

Option 2: Submit Your Request Directly to the FBI via the mail.

Option 3: Submit Your Request to an FBI-Approved Channeler.

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 \$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****

LA State Board of Private Investigator Examiners
AGENCY, FACILITY OR INDIVIDUAL

Lori Harrell
AGENCY, FACILITY AUTHORIZED REPRESENTATIVE OR INDIVIDUAL

7414 Perkins Rd., Suite 120
MAILING ADDRESS

Lori Harrell
SIGNATURE OF AUTHORIZED REPRESENTATIVE/INDIVIDUAL

Baton Rouge, LA 70808
CITY STATE ZIP CODE

(225) 763-3556
AGENCY, FACILITY OR INDIVIDUAL PHONE NUMBER
info@lsbpie.com
AGENCY OR FACILITY E-MAIL ADDRESS

Request For: (pick one only)

- ALCOHOL BEVERAGE OUTLET
BEHAVIOR ANALYST BOARD
BOARD OF EXAMINERS (PSYCHOLOGIST)
BOARD OF EXAMINERS (SPEECH/LANGUAGE PATH. & AUDIO)
BOARD OF NURSING HOME ADMINISTRATORS
CASA
COURT ORDER ADOPTION
CRIMINAL JUSTICE EMPLOYEE
DAYCARE / WORKING WITH CHILDREN
DENTISTRY BOARD
DEPT. OF AGRICULTURE AND FORESTRY
DEPT. HEALTH AND HOSPITALS
DEPT. OF INSURANCE - FRAUD DIVISION
DEPT. OF REVENUE (Public Registry of Motion Picture Investor Tax Credit)
DCFS ABUSE/NEGLECT INVESTIGATION
DCFS CARETAKER
DCFS FOSTER/ADOPTIVE
DCFS PERSONNEL
DRUG AND DEVICE DISTRIBUTORS
EMPLOYERS
FIREFIGHTERS
FIRE MARSHAL
GESTATIONAL CONTRACTS
HEALTH CARE PROVIDER (Non Licensed)
JUVENILE DETENTION CENTER
LA BOARD CHIROPRACTIC EXAMINERS
LA PHYSICAL THERAPY BOARD
LA STATE BOARD SOCIAL WORK EXAMINERS
LICENSED PROFESSIONAL COUNSELORS
MEDICAL EXAMINERS
OFFICE OF FINANCIAL INSTITUTIONS
OMVC - COMMERCIAL DRIVING EXAM ADMINISTER
OMVE - EMPLOYEE ISSUING COMMERCIAL DL
OMVI - CONTRACT PROCESS INQUIRY/TRANSACTION
OMVT - AUTO TITLE COMPANY / PUBLIC TAG AGENT
PHARMACY BOARD
POST SECONDARY EDUCATION
PRACTICAL NURSING
PRIVATE ADOPTION
PRIVATE INVESTIGATORS
PRIVATE SECURITY
PUBLIC HOUSING
REGISTERED NURSING
RELIGIOUS ACTIVISTS
SCHOOL
SUPREME COURT COMMITTEE BAR ADMISSION
TAXI DRIVERS
TESS WINDOW TINT
VOLUNTEER LOUISIANA COMMISSION
WILDLIFE AND FISHERIES
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. 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.

ATN and SID# FOR OFFICIAL USE ONLY

ATN _____

SID# _____

APPLICANT PROCESSING – DISCLOSURE
BUREAU OF CRIMINAL IDENTIFICATION AND
INFORMATION
 P.O. BOX 66614 (MAIL SLIP A-6)
 BATON ROUGE, LA 70896

LA State Board of Private Investigator Examiners
AGENCY, BUSINESS OR INDIVIDUAL NAME

7414 Perkins Rd., Suite 120
MAILING ADDRESS

Baton Rouge, LA 70808
CITY STATE ZIP CODE

NOTICE:
PLEASE PRINT OR TYPE
INFORMATION, EXCLUDING
ADMINISTRATORS OR AUTHORIZED
PERSONS SIGNATURE.

INCOMPLETE FORMS WILL NOT BE
PROCESSED.

NAME OF APPLICANT _____ DATE OF BIRTH _____ PLACE OF BIRTH _____ RACE / SEX _____
 (STATE)

WEIGHT _____ HEIGHT _____ HAIR COLOR _____ EYE COLOR _____

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 an arrest or conviction information not available in our database.

CRIMINAL HISTORY DETERMINATION

RAPSHEET ATTACHED

RESPONSE BELOW