

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

[Handwritten Signature: 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
OMVI - 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

APPLICANT'S FULL NAME:
****PRINT - USE INK****
LAST FIRST MIDDLE
(INCLUDE MAIDEN NAME & PREVIOUS MARRIED NAMES IF APPLICABLE)

APPLICANT'S SIGNATURE:

APPLICANT'S 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 _____

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 (STATE) RACE / SEX

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