

ID#

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****

Winn Parish School Board

AGENCY, FACILITY OR INDIVIDUAL

304 East Court Street

MAILING ADDRESS

Winnfield

LA

71483

CITY

STATE

ZIP CODE

Alfred Simmons, Superintendent

AGENCY, FACILITY AUTHORIZED REPRESENTATIVE OR INDIVIDUAL

SIGNATURE OF AUTHORIZED REPRESENTATIVE/INDIVIDUAL

(318)

628-6936

AGENCY, FACILITY OR INDIVIDUAL PHONE NUMBER

khowell@winnpbsb.us

AGENCY OR FACILITY E-MAIL ADDRESS

Request For: (pick one only)

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

APPLICANTS FULL NAME: _____

****PRINT – USE INK****

LAST

FIRST

MIDDLE

{INCLUDE MAIDEN NAME & PREVIOUS MARRIED NAMES IF APPLICABLE}

APPLICANTS SIGNATURE: _____

State of Birth: _____

APPLICANTS SOCIAL SECURITY # ____ - ____ - ____ DATE OF BIRTH: ____ / ____ / ____

Height: _____

Weight: _____

ID or DRIVERS LICENSE # _____ & STATE _____ RACE _____ SEX _____

Hair Color: _____

Eye Color: _____

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.

DPSSP 6696

Revised 12/26/2018