

SUBMIT TO:

Louisiana State Police  
Bureau of Criminal Identification and Information  
P.O. Box 66614 (Mail Slip A-6)  
Baton Rouge, LA 70896

**\*\*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\*\*\*\*

LSP Internal Affairs A-20

CBo Dean / Victor Summers

FACILITY OR AGENCY

FACILITY OR AGENCY AUTHORIZED REPRESENTATIVE

7919 Independence Blvd

*AH Dean* *VJ Summers III*

MAILING ADDRESS

SIGNATURE OF AUTHORIZED REPRESENTATIVE

Baton Rouge, La 70806

( 225 ) 925-7988

CITY

STATE

ZIP CODE

FACILITY OR AGENCY PHONE NUMBER

**Request For: (pick one only)**

- ☐ GAMING CONTROL BOARD
- ☐ LIQUID PETROLEUM GAS
- ☐ LOUISIANA HIGHWAY SAFETY COMMISSION
- ☐ MANAGEMENT AND FINANCE
- ☐ OFFICE OF FIRE MARSHAL
- ☐ OFFICE OF LEGAL AFFAIRS
- ☐ OFFICE OF MOTOR VEHICLE
- ☐ OFFICE OF STATE POLICE

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 6712