

Background

The applicant must submit the completed forms directly to the Louisiana State Police:

1. Right to Review
2. Right to Disclosure

These forms can also be found at www.lsp.org/technical.html

Once the forms are completed the applicant can either:

1. Bring the completed forms to the LSP office (physical address below) and receive the background report that day.
2. Mail the completed forms to the LSP office (address can be found on the forms) with fingerprints and the background report will be mailed.

Fingerprinting is mandatory

The criminal background report will be signed in blue ink and sealed. The SEALED background report must be submitted to the Louisiana State Board of Home Inspectors with your application for Licensure.

If you wish for the Board to review your background report prior to beginning the licensing process, please contact the Board office at 225-248-1334

All fees are subject to change and are payable to the Louisiana State Police.

\$10.00 Fingerprint Fee

\$26.00 Processing Fee

Louisiana State Police

7919 Independence Blvd

Baton Rouge LA 70806

For Questions call the Louisiana State Police Department:

225-925-6095

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

**APPLICANT PROCESSING – DISCLOSURE
BUREAU OF CRIMINAL IDENTIFICATION AND
INFORMATION**

P.O. BOX 66614 (MAIL SLIP A-6)
BATON ROUGE, LA 70896
LSPAPP5/R10.03

RIGHT TO REVIEW

NAME _____

ADDRESS _____

CITY STATE ZIP CODE _____

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 conviction information not available in our database.

CRIMINAL HISTORY DETERMINATION:

☐ RAPSHEET ATTACHED

☐ RESPONSE BELOW