FACILITY/LICENSE # _____

ARKANSAS DEPARTMENT OF HUMAN SERVICES
DIVISION OF CHILD CARE & EARLY CHILDHOOD EDUCATION

REQUEST FOR:

FBI RECORDS CHECK

A completed state criminal records check form, a completed fingerprint card FD-258 and a check or money order of $16.50 (made payable to ASP or Arkansas State Police) MUST be attached for EACH fingerprint check needed. Checks/money orders cannot be combined for multiple fingerprint checks.

If you have any questions, or wish to dispute the results, please contact your Licensing Specialist immediately.

(FACILITY USE ONLY)	(DHS USE ONLY)
_____ FACILITY REQUESTING REPORT	_____ NAME OF LICENSING SPECIALIST REQUESTING THE CHECK
_____ MAILING ADDRESS	_____ TITLE COUNTY
_____ CITY STATE ZIP	_____ TELEPHONE NUMBER
_____ FACILITY DIRECTOR & TELEPHONE NUMBER	_____ DATE OF REQUEST

TO BE COMPLETED BY THE PERSON TO BE CHECKED

NAME OF PERSON TO BE CHECKED: _____
(LAST NAME) (FIRST NAME) (MIDDLE NAME)

MAIDEN NAME:_____ ALIASES:_____

DOB: (_____/_____/_____) SSN: _____-_____-_____ PHONE #: (_____)_____-_____
MONTH DATE YEAR

DRIVER'S LICENSE or GOV'T ID #: _____/_____ RACE: _____ SEX: (MALE / FEMALE)

COMPLETE ADDRESS: _____
(Physical residential address) STREET CITY STATE ZIP

PLACE OF EMPLOYMENT: _____

"I hereby authorize the Department of Human Services to conduct a criminal background check on myself through the Federal Bureau of Investigations, and for the FBI and Arkansas State Police to release any criminal history information to the Division of Child Care and Early Childhood Education. I also understand that the Identification Bureau of the Arkansas State Police may maintain the fingerprints submitted in an automated fingerprint identification system."

_____
SIGNATURE OF PERSON TO BE CHECKED DATE

PLEASE CHECK THE APPROPRIATE BOX:

Division of Child Care & Early Childhood Education Applicant:

☐ Child Care Facility Employee ☐ Other _____

STATE POLICE USE ONLY - DO NOT WRITE IN OR BELOW THIS BOX