

REQUEST FOR CRIMINAL RECORD CHECK

Obtain forms from: Arkansas Department of Human Services, Division of Developmental Disabilities Services (DDS) Licensure and Certification, PO Box 1437, Slot N203, Little Rock, AR 72203-1437, (501) 320-6408

National (FBI) Check (must also request and pay for State Check) Required items:

- 1. This form completed, signed, and notarized
2. \$16.50 check/money order made payable to "Arkansas State Police"

- 3. One completed fingerprint card
4. MAIL this form and attachments to: State Identification Bureau, Arkansas State Police, #1 State Police Plaza Drive Little Rock, Arkansas 72209

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Type of Provider: Licensed DDTCS \_\_\_ Certified Early Intervention \_\_\_ Certified Waiver \_\_\_ New \_\_\_

Provider submitting form: Name of Provider Address City/Zip

Name of Provider Contact Person Telephone number (include Area Code)

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Name of person to be checked: Last Name First Name Middle Name

Current address: Street City State ZIP Code

Maiden Name Aliases Date of Birth (month/day/year) Telephone

Social Security Number Race Sex (M/F) Driver's License Number State of Issuance

Note: The name, address, and date of birth listed above must appear on a valid identification document issued by a government entity.

Please list the document used if not the person's driver's license:

The person listed above must list all past felony or misdemeanor charges(s) for which he/she was found guilty of or to which he/she pled guilty or nolo contendere:

Table with 4 columns: Date of charge, Location, Description of charge, Sentence/Disposition

Notice to Applicant: By signing this form you give consent for the Arkansas State Police to release your FBI criminal history report to the Division of Developmental Disability Services (DDS).

Statement of Oath: I state on oath that the representations made herein are true, complete, and correct.

Providing false information on this form is a violation of Arkansas law and is punishable as set forth in Arkansas Code Annotated § 5-53-103.

Signature of Applicant/Employee Date

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Notarization: State of Arkansas County of Subscribed and sworn to before me, a Notary Public, in and for the county and state

noted above this the day of Notary Public

My commission expires on (year) (Notary Seal)

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FOR ARKANSAS STATE POLICE ONLY

82005 Civil Records Check \$25 via postal mail (\$22.00 via online services) 80007 & 80006 FBI Records Check \$16.50