

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

State-only Check: Required items

- 1. This form completed, signed, and notarized
2. \$25 check/money order made payable to "Arkansas State Police"

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

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)

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 criminal history report to the employer listed above and 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

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)

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