

Louisiana Statewide Search Instructions

Summary

The state of Louisiana requires a state specific form, a signed disclosure document, and a completed fingerprint card to process the statewide criminal search. The forms can be downloaded using the below links.

LA Authorization: <https://www.lsp.org/media/x03h3s4h/authorization-form-master-revised-01225-1200-fbi-fee-5-tech-fee-fillable.pdf>

LA Disclosure Form: <https://lsp.org/media/3ujhreng/crgeneraldisclosure.pdf>

Fingerprint cards

Two (2) completed fingerprint cards shall be submitted by each applicant. Fingerprinting shall be done by a law enforcement agency. Applicant will need to contact their local police office or sheriff's department to inquire about the fingerprinting process (and may incur any fees by the local agency). It is recommended that the FBI Fingerprint Card (FD-258) is used for fingerprinting. Most police departments have this card available. If the police station does not have the form, then you can request it from First Advantage by emailing FishersClinicalServicesShipping@fadv.com.

Applicant Disclosure

The Applicant Disclosure form needs to be completed. The required fields are the applicant's name, date of birth, social security number, place of birth, height, weight, hair and eye color and race/sex.

State Specific Authorization Form

The authorization form needs to be signed by the applicant. Attached is an example of the form that needs to be completed. The original form needs to be mailed to First Advantage using the address information below. It is recommended to use a mailing method that provides a tracking number. **Please do not mail any forms directly to the state agency. All documents should be sent to the below address.**

First Advantage

Attn: CRRG

11800 Exit 5 Parkway, Suite 120

Fishers, IN 46037



Important Notes:

- No money should be sent or provided to First Advantage
- Please use a mailing method that provides a tracking number
- No alterations such as white out should be used to alter the document.

The below image shows a sample fingerprint card. Please make sure all required fields are completed. The required fields are highlighted in red below but include name, date of birth, social security number, sex, race, height, weight, eye and hair color and place of birth.

APPLICANT <small>*State Property Act Notice on Back</small>		LEAVE BLANK		TYPE OR PRINT ALL INFORMATION IN BLACK			FBI		LEAVE BLANK	
FD-258 (Rev. 5-15-17) 1113J-0046		SIGNATURE OF PERSON FINGERPRINTED		LAST NAME NAM			FIRST NAME		MIDDLE NAME	
RESIDENCE OF PERSON FINGERPRINTED		ALIASES: AKA		O		R		I		
DATE		SIGNATURE OF OFFICIAL TAKING FINGERPRINTS		CITIZENSHIP CTZ		SEX		RACE		
EMPLOYER AND ADDRESS		YOUR NO. OCA		UNIVERSAL CONTROL NO. UCN		HGT		WGT		
REASON FINGERPRINTED		MISCELLANEOUS NO. MNU		ARMED FORCES NO. MNU		EYES		HAIR		
		SOCIAL SECURITY NO. SOC				PLACE OF BIRTH		POB		
						CLASS		REF		

Tips for fingerprinting

- Use blank ink pad
- Practice taking fingerprints prior to using the fingerprint cards
- Ensure the fingerprint card type is the FD-258 (noted in the top left corner)
- Ensure fingerprints are dark enough to appear legible on the cards by rolling your fingers from one side to the other
- Review instructional videos on “How to roll fingerprints”



SUBMIT TO:

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

THE FEE FOR PROCESSING A STATE BACKGROUND CHECK IS \$31 (Including \$5.00 Technology Fee per La.RS 15:587D(1)).
 FOR FBI PROCESSING, WHERE AUTHORIZED OR REQUIRED, THERE IS AN ADDITIONAL \$12.00 FEE.
 Acceptable forms of payment include: Cashier Check, Business Check with pre-printed business name or Money Order
 Credit Card payments are accepted when paying in person at Louisiana State Police Headquarters

****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****

First Advantage			AGENCY, FACILITY AUTHORIZED REPRESENTATIVE OR INDIVIDUAL		
AGENCY, FACILITY OR INDIVIDUAL			AGENCY, FACILITY AUTHORIZED REPRESENTATIVE OR INDIVIDUAL		
11800 Exit 5 Parkway Suite 120			SIGNATURE OF AUTHORIZED REPRESENTATIVE/INDIVIDUAL		
MAILING ADDRESS			SIGNATURE OF AUTHORIZED REPRESENTATIVE/INDIVIDUAL		
Fishers, IN 46037			()		
CITY	STATE	ZIP CODE	AGENCY, FACILITY OR INDIVIDUAL PHONE NUMBER		
			AGENCY OR FACILITY E-MAIL ADDRESS		

Request For: (pick one only)

- | | |
|---|---|
| <input type="checkbox"/> ALCOHOL BEVERAGE OUTLET | <input type="checkbox"/> LA BOARD CHIROPRACTIC EXAMINERS |
| <input type="checkbox"/> AUTHORIZED AGENCY | <input type="checkbox"/> LA PHYSICAL THERAPY BOARD |
| <input type="checkbox"/> BEHAVIOR ANALYST BOARD | <input type="checkbox"/> LA STATE BOARD SOCIAL WORK EXAMINERS |
| <input type="checkbox"/> BOARD OF EXAMINERS (PSYCHOLOGIST) | <input type="checkbox"/> LICENSED PROFESSIONAL COUNSELORS |
| <input type="checkbox"/> BOARD OF EXAMINERS (SPEECH/LANGUAGE PATH. & AUDIO.) | <input type="checkbox"/> MEDICAL EXAMINERS |
| <input type="checkbox"/> BOARD OF NURSING HOME ADMINISTRATORS | <input type="checkbox"/> OFFICE OF FINANCIAL INSTITUTIONS |
| <input type="checkbox"/> CASA | <input type="checkbox"/> OMVC – COMMERCIAL DRIVING EXAM ADMINISTER |
| <input type="checkbox"/> COURT ORDER ADOPTION | <input type="checkbox"/> OMVE – EMPLOYEE ISSUING COMMERCIAL DL |
| <input type="checkbox"/> CRIMINAL JUSTICE EMPLOYEE | <input type="checkbox"/> OMVI – CONTRACT PROCESS INQUIRY/TRANSACTION |
| <input type="checkbox"/> DAYCARE / WORKING WITH CHILDREN | <input type="checkbox"/> OMVT – AUTO TITLE COMPANY / PUBLIC TAG AGENT |
| <input type="checkbox"/> DENTISTRY BOARD | <input type="checkbox"/> PHARMACY BOARD |
| <input type="checkbox"/> DEPT. OF AGRICULTURE AND FORESTRY | <input type="checkbox"/> POST SECONDARY EDUCATION |
| <input type="checkbox"/> DEPT. HEALTH AND HOSPITALS | <input type="checkbox"/> PRACTICAL NURSING |
| <input type="checkbox"/> DEPT. OF INSURANCE – FRAUD DIVISION | <input type="checkbox"/> PRIVATE ADOPTION |
| <input type="checkbox"/> DEPT. OF REVENUE (Public Registry of Motion Picture Investor Tax Credit) | <input type="checkbox"/> PRIVATE INVESTIGATORS |
| <input type="checkbox"/> DCFS ABUSE/NEGLECT INVESTIGATION | <input type="checkbox"/> PRIVATE SECURITY |
| <input type="checkbox"/> DCFS CARETAKER | <input type="checkbox"/> PUBLIC HOUSING |
| <input type="checkbox"/> DCFS FOSTER/ADOPTIVE | <input type="checkbox"/> REGISTERED NURSING |
| <input type="checkbox"/> DCFS PERSONNEL | <input type="checkbox"/> RELIGIOUS ACTIVISTS |
| <input type="checkbox"/> DRUG AND DEVICE DISTRIBUTORS | <input type="checkbox"/> SCHOOL |
| <input type="checkbox"/> EMPLOYERS | <input type="checkbox"/> SUPREME COURT COMMITTEE BAR ADMISSION |
| <input type="checkbox"/> FIREFIGHTERS | <input type="checkbox"/> TAXI DRIVERS |
| <input type="checkbox"/> FIRE MARSHAL | <input type="checkbox"/> TESS WINDOW TINT |
| <input type="checkbox"/> GESTATIONAL CONTRACTS | <input type="checkbox"/> VOLUNTEER LOUISIANA COMMISSION |
| <input type="checkbox"/> HEALTH CARE PROVIDER (Non Licensed) | <input type="checkbox"/> WILDLIFE AND FISHERIES |
| <input type="checkbox"/> JUVENILE DETENTION CENTER | <input type="checkbox"/> WORKING WITH CHILDREN |

APPLICANTS FULL NAME: _____
 ****PRINT – USE INK****
 (INCLUDE MAIDEN NAME & PREVIOUS MARRIED NAMES IF APPLICABLE)

APPLICANTS SIGNATURE: _____

APPLICANTS SOCIAL SECURITY # ___ - ___ - ____ DATE OF BIRTH: __/__/__

ID or 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. Pursuant to Title 28, C.F.R., Section 16.34, officials making the determination of suitability for licensing or employment shall provide the opportunity to complete, or challenge the accuracy of, the information contained in the FBI identification record.

DPSSP 6696

Revised 1/2/2025



SUBMIT TO:

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

THE FEE FOR PROCESSING A STATE BACKGROUND CHECK IS \$31 (Including \$5.00 Technology Fee per La.RS 15:587D(1)).
FOR FBI PROCESSING, WHERE AUTHORIZED OR REQUIRED, THERE IS AN ADDITIONAL \$12.00 FEE.

Acceptable forms of payment include: Cashier Check, Business Check with pre-printed business name or Money Order
Credit Card payments are accepted when paying in person at Louisiana State Police Headquarters

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****

AGENCY, FACILITY OR INDIVIDUAL

AGENCY, FACILITY AUTHORIZED REPRESENTATIVE OR INDIVIDUAL

MAILING ADDRESS

SIGNATURE OF AUTHORIZED REPRESENTATIVE/INDIVIDUAL

CITY

STATE

ZIP CODE

()
AGENCY, FACILITY OR INDIVIDUAL PHONE NUMBER

AGENCY OR FACILITY E-MAIL ADDRESS

Request For: (pick one only)

- ALCOHOL BEVERAGE OUTLET
AUTHORIZED AGENCY
BEHAVIOR ANALYST BOARD
BOARD OF EXAMINERS (PSYCHOLOGIST)
BOARD OF EXAMINERS (SPEECH/LANGUAGE PATH. & AUDIO.)
BOARD OF NURSING HOME ADMINISTRATORS
CASA
COURT ORDER ADOPTION
CRIMINAL JUSTICE EMPLOYEE
DAYCARE / WORKING WITH CHILDREN
DENTISTRY BOARD
DEPT. OF AGRICULTURE AND FORESTRY
DEPT. HEALTH AND HOSPITALS
DEPT. OF INSURANCE - FRAUD DIVISION
DEPT. OF REVENUE (Public Registry of Motion Picture Investor Tax Credit)
DCFS ABUSE/NEGLECT INVESTIGATION
DCFS CARETAKER
DCFS FOSTER/ADOPTIVE
DCFS PERSONNEL
DRUG AND DEVICE DISTRIBUTORS
EMPLOYERS
FIREFIGHTERS
FIRE MARSHAL
GESTATIONAL CONTRACTS
HEALTH CARE PROVIDER (Non Licensed)
JUVENILE DETENTION CENTER
LA BOARD CHIROPRACTIC EXAMINERS
LA PHYSICAL THERAPY BOARD
LA STATE BOARD SOCIAL WORK EXAMINERS
LICENSED PROFESSIONAL COUNSELORS
MEDICAL EXAMINERS
OFFICE OF FINANCIAL INSTITUTIONS
OMVC - COMMERCIAL DRIVING EXAM ADMINISTER
OMVE - EMPLOYEE ISSUING COMMERCIAL DL
OMVI - CONTRACT PROCESS INQUIRY/TRANSACTION
OMVT - AUTO TITLE COMPANY / PUBLIC TAG AGENT
PHARMACY BOARD
POST SECONDARY EDUCATION
PRACTICAL NURSING
PRIVATE ADOPTION
PRIVATE INVESTIGATORS
PRIVATE SECURITY
PUBLIC HOUSING
REGISTERED NURSING
RELIGIOUS ACTIVISTS
SCHOOL
SUPREME COURT COMMITTEE BAR ADMISSION
TAXI DRIVERS
TESS WINDOW TINT
VOLUNTEER LOUISIANA COMMISSION
WILDLIFE AND FISHERIES
WORKING WITH CHILDREN

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:

ID or 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. Pursuant to Title 28, C.F.R., Section 16.34, officials making the determination of suitability for licensing or employment shall provide the opportunity to complete, or challenge the accuracy of, the information contained in the FBI identification record.