

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 \$26. FOR FBI PROCESSING, WHERE AUTHORIZED OR REQUIRED, THERE IS AN ADDITIONAL \$19.25 FEE. (Cashier Check, Business Check or Money Order)

****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****

Eckerd Youth Alternatives, Inc
AGENCY, FACILITY OR INDIVIDUAL

Keith Gauthier
AGENCY, FACILITY OR INDIVIDUAL AUTHORIZED REPRESENTATIVE

100 N Starcrest Dr
MAILING ADDRESS

Keith Gauthier
SIGNATURE OF AUTHORIZED REPRESENTATIVE

Clearwater FL 33765
CITY STATE ZIP CODE

(800) 222-1473
AGENCY, FACILITY OR INDIVIDUAL PHONE NUMBER

Credentialing@eckerd.org
AGENCY, FACILITY OR INDIVIDUAL E-MAIL ADDRESS

Request For: (pick one only)

- | | |
|---|---|
| <input type="checkbox"/> ALCOHOL AND BEVERAGE COMMISSION | <input type="checkbox"/> MEDICAL EXAMINERS |
| <input type="checkbox"/> ALCOHOL BEVERAGE OUTLET | <input type="checkbox"/> OFFICE OF FINANCIAL INSTITUTIONS |
| <input type="checkbox"/> AUTHORIZED AGENCY | <input type="checkbox"/> OFFICE OF PUBLIC HEALTH |
| <input type="checkbox"/> BOARD OF EXAMINERS OF PSYCHOLOGIST | <input type="checkbox"/> PHARMACY BOARD |
| <input type="checkbox"/> BOARD OF NURSING HOME ADMINISTRATORS | <input type="checkbox"/> POST SECONDARY EDUCATION |
| <input type="checkbox"/> CASA | <input type="checkbox"/> PRACTICAL NURSING |
| <input type="checkbox"/> COURT ORDER ADOPTION | <input type="checkbox"/> PRIVATE ADOPTION |
| <input type="checkbox"/> CRIMINAL JUSTICE EMPLOYEE | <input type="checkbox"/> PRIVATE INVESTIGATORS |
| <input type="checkbox"/> DAYCARE | <input type="checkbox"/> PRIVATE SECURITY |
| <input type="checkbox"/> DENTISTRY BOARD | <input type="checkbox"/> PUBLIC HOUSING |
| <input type="checkbox"/> DEPARTMENT OF INSURANCE | <input type="checkbox"/> PUBLIC TAG AGENT |
| <input type="checkbox"/> DCFS ABUSE/NEGLECT INVESTIGATION | <input type="checkbox"/> REGISTERED NURSING |
| <input type="checkbox"/> DCFS CARETAKER | <input type="checkbox"/> RELIGIOUS ACTIVISTS |
| <input type="checkbox"/> DCFS FOSTER/ADOPTIVE | <input type="checkbox"/> RIGHT TO REVIEW |
| <input type="checkbox"/> DCFS PERSONNEL | <input type="checkbox"/> RIVERBOAT PILOTS |
| <input type="checkbox"/> EMPLOYERS | <input type="checkbox"/> SCHOOL |
| <input type="checkbox"/> FIREFIGHTERS | <input type="checkbox"/> TAXI DRIVERS |
| <input type="checkbox"/> FIRE MARSHAL | <input type="checkbox"/> TESS WINDOW TINT |
| <input type="checkbox"/> HEALTH CARE PROVIDER (Non Licensed) | <input type="checkbox"/> USED MOTOR VEHICLE COMMISSION |
| <input type="checkbox"/> JUVENILE DETENTION CENTER | <input type="checkbox"/> VENDOR |
| <input type="checkbox"/> LA PHYSICAL THERAPY BOARD | <input type="checkbox"/> VOLUNTEERS W/YOUTH SERVING ORG |
| <input type="checkbox"/> LA STATE BOARD SOCIAL WORK EXAMINERS | <input type="checkbox"/> WHOLESALE DRUG DISTRIBUTORS |
| <input type="checkbox"/> MANUFACTURED HOUSING | <input checked="" type="checkbox"/> 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. **DPSSP 6696**