

ATN _____

SID# _____

APPLICANT PROCESSING – DISCLOSURE
BUREAU OF CRIMINAL IDENTIFICATION AND
INFORMATION
 P.O. BOX 66614 (MAIL SLIP A-6)
 BATON ROUGE, LA 70896

 OMV - TRAINING & CERTIFICATION UNIT

 AGENCY, BUSINESS OR INDIVIDUAL NAME

 Interoffice Mail / OMV HQ B7 - TCU

 MAILING ADDRESS

 Baton Rouge, LA 70806

 CITY STATE ZIP CODE

NOTICE:
PLEASE PRINT OR TYPE
INFORMATION, EXCLUDING
ADMINISTRATORS OR AUTHORIZED
PERSONS SIGNATURE.

INCOMPLETE FORMS WILL NOT BE
PROCESSED.

_____ NAME OF APPLICANT _____ DATE OF BIRTH _____ PLACE OF BIRTH (STATE) _____ RACE / SEX
 _____ WEIGHT _____ HEIGHT _____ HAIR COLOR _____ EYE COLOR
 _____ SOCIAL SECURITY NUMBER

ALL INFORMATION RELEASED MUST REMAIN STRICTLY CONFIDENTIAL AND ONLY THOSE AUTHORIZED BY LAW TO RECEIVE THIS INFORMATION MAY SUBMIT A REQUEST.
DO NOT WRITE BELOW THIS LINE: {For Bureau of Criminal Identification and Information Use Only}

NOTICE: The response to your request for a criminal history check is based on a review of the State of Louisiana's criminal history records database as is available at the time of request. This does not preclude the possible existence of an arrest or conviction information not available in our database.

CRIMINAL HISTORY DETERMINATION

- RAPSHEET ATTACHED
 RESPONSE BELOW