



# BACKGROUND CHECK AUTHORIZATION FORM - ATC

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

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:

X LOUISIANA ALCOHOL AND TOBACCO CONTROL – LA920980Z (ATC)

APPLICANTS FULL NAME: \_\_\_\_\_  
\*\*\*\*PRINT – USE INK\*\*\*\* LAST FIRST MIDDLE

\*INCLUDE MAIDEN NAME & PREVIOUS MARRIED NAMES BELOW IF APPLICABLE:

\*LAST FIRST MIDDLE

\*LAST FIRST MIDDLE

APPLICANTS SOCIAL SECURITY # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ RACE \_\_\_\_ SEX \_\_\_\_

DRIVERS LICENSE or ID # \_\_\_\_\_ STATE \_\_\_\_\_

POSITION or LICENSE APPLIED FOR \_\_\_\_\_

APPLICANTS SIGNATURE: \_\_\_\_\_

APPLICANTS PHONE NUMBER: \_\_\_\_\_

### 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 (ATC)**

Revised 6/8/2022

ATN: \_\_\_\_\_

SID: \_\_\_\_\_

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

\_\_\_\_\_  
AGENCY, BUSINESS OR INDIVIDUAL NAME

\_\_\_\_\_  
MAILING ADDRESS

\_\_\_\_\_  
CITY STATE ZIP CODE

**NOTICE:  
PLEASE PRINT OR TYPE  
INFORMATION, EXCLUDING  
ADMINISTRATORS OR AUTHORIZED  
PERSONS SIGNATURE.  
  
INCOMPLETE FORMS WILL NOT BE  
PROCESSED.**

APPLICANT NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

RACE: \_\_\_\_\_ SEX: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_

HAIR COLOR: \_\_\_\_\_ EYE COLOR: \_\_\_\_\_ BIRTH STATE: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_ DRIVER LICENSE/ID: \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE: (For Bureau of Criminal Identification and Information Use Only)**

**CRIMINAL HISTORY DETERMINATION**

**ALL INFORMATION RELEASED MUST REMAIN STRICTLY CONFIDENTIAL AND ONLY THOSE  
AUTHORIZED BY LAW TO RECEIVE THIS INFORMATION MAY SUBMIT A REQUEST.**

**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.

RAPSHEET ATTACHED

RESPONSE BELOW

Office Use Only:



Ernest P. Legier, Jr., Commissioner

ELECTRONIC FINGERPRINT CERTIFICATION FORM

Notice: In lieu of submitting fingerprint cards, Applicants for Alcohol or Tobacco permits may complete electronic fingerprints at the Louisiana State Police Headquarter, located at 7919 Independence Blvd, Baton Rouge, LA 70806. Applicants completing electronic fingerprints is required to remit the additional electronic submission fee and this completed form to the ATC.

\*\*\*\* IF APPLICANT SUBMITTED FINGERPRINTS ELECTRONICALLY\*\*\*\*

Please submit:
ELECTRONIC SUBMISSION FEE: \$10.00

SUBMIT CERTIFICATION FORM: LOUISIANA OFFICE OF ALCOHOL TOBACCO CONTROL
7979 INDEPENDENCE BLVD., SUITE 101
BATON ROUGE, LA 70806

SUBMIT FEE TO LSP: \$10.00 for electronic submission of fingerprints directly to Louisiana State Police

\*\*\*Money Orders or Cashier's Check ONLY.
\*\*This fee is in addition to the background processing fee of \$39.25

WHEN TO SUBMIT: If applicant submit fingerprints electronically, a complete copy of this certification form must be submitted with application. ATC will not process the application without verification that all required fingerprints have been submitted.

I, \_\_\_\_\_ (print name), hereby certify that I am applying for an alcoholic beverage permit with the Louisiana Office of Alcohol and Tobacco Control (ATC), that I have submitted my fingerprints electronically at an office provided by Louisiana State Police (LSP), and that I have submitted the necessary authorization form to allow ATC to receive the results of my criminal background report from the FBI and LSP as mandated by La R.S. 26:80 and La. R.S. 26:280.

Applicant's Signature Date of Fingerprint Submission

Signature of Employee Administering Fingerprints Print Name of Employee

Address of Location where Fingerprints were submitted