



Office Use Only
Permit Class and Number

Louisiana Office of Alcohol and Tobacco Control
Juana Lombard, Commissioner

FINGERPRINT AUTHORIZATION FORM

SUBMIT TO: Louisiana State Police
Bureau of Criminal Identification and Information
PO Box 66614 (Mail Slip A-6)
Baton Rouge, LA 70896

<i>THE FEE FOR PROCESSING A STATE BACKGROUND CHECK IS \$26. FOR FBI PROCESSING, WHERE AUTHORIZED, OR REQUIRED, THERE IS AN ADDITIONAL \$12.00 FEE</i>	
<i>**FORMS MUST BE FILLED OUT IN INK AND BE REVIEWED BY SUBMITTING AGENCY/INDIVIDUAL FOR ACCURACY**</i>	
<i>****FINGERPRINTS ARE NECESSARY FOR A POSITIVE IDENTIFICATION****</i>	
<i>****PLEASE PRINT****</i>	
<u>OFFICE OF ALCOHOL AND TOBACCO CONTROL</u> FACILITY OR AGENCY	<u>ATC CERTIFICATION DIVISION</u> FACILITY OR AGENCY AUTHORIZED REPRESENTATIVE
<u>PO BOX 66404</u> MAILING ADDRESS	<u>NA</u> SIGNATURE OF AUTHORIZED REPRESENTATIVE
<u>BATON ROUGE LA 70896</u> CITY STATE ZIP CODE	<u>(225) 925-4041</u> FACILITY OR AGENCY PHONE NUMBER
	<u>NA</u> FACILITY EMAIL ADDRESS

APPLICANT'S FULL NAME: (Last, First, Middle)		
PRINT-USE INK-INCLUDE MAIDEN NAME & PREVIOUS MARRIED NAMES IF APPLICABLE		
APPLICANT'S SIGNATURE:		
APPLICANT'S SOCIAL SECURITY NUMBER:		DATE OF BIRTH:
DRIVERS LICENSE NUMBER & 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.		

Request For: OFFICE OF ALCOHOL AND TOBACCO CONTROL



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FINGERPRINT DISCLOSURE FORM

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

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

AGENCY
OFFICE OF ALCOHOL AND TOBACCO CONTROL

NAME (LAST, FIRST, MIDDLE): _____

DATE OF BIRTH: _____

RACE: _____

SEX: _____

SOCIAL SECURITY NUMBER: _____

******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 conviction information not available in our database.

CRIMINAL HISTORY DETERMINATION

RAPSHEET ATTACHED

RESPONSE BELOW



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ELECTRONIC FINGERPRINT SUBMISSION CERTIFICATION FORM

SUBMIT TO: Louisiana Office of Alcohol and Tobacco Control

All persons submitting fingerprints electronically shall submit this certification form to ATC with your application for an alcoholic beverage permit. 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 & 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.

(Signature of Applicant)

(Date of fingerprint submission)

(Signature of Employee Administering Fingerprints)

(Print Name)

(Address of location where fingerprints were submitted)

NOTE: There is a \$10.00 additional fee for submitting fingerprints electronically at LSP, which should be paid in the form of a money order or cashier's check only.