



ARIZONA DEPARTMENT OF PUBLIC SAFETY

Clearance Card Section ☎ (602) 223-2279

✉ Mailing address: P.O. Box 18390, Phoenix, AZ 85005-8390

📍 Physical address: 2222 W. Encanto Blvd., Phoenix, AZ 85009

You can also apply on-line at <https://psp.azdps.gov>

THIS IS A NON-IVP APPLICATION



If you need to apply for a Fingerprint Clearance Card for any of the following reasons you must submit an IVP application, not this one.

- **ADOE Certification (Teacher or other) - ARS § 15-534**
- **Charter School Instructor - ARS § 15-534**
- **Tutor or Teacher Prep Program - ARS § 15-183**
- **Public or Charter School Non-Certificated Personnel - ARS § 15-512**
- **Public or Charter School Contractor, Subcontractor or Vendor - ARS § 15-512**
- **School Bus Driver Certification - ARS § 28-3228**

If this is the correct application, please continue

TO ENSURE YOUR APPLICATION IS PROCESSED:

- Indicate the reason you are applying on the application (if unsure, check with your employer or agency).
- Submit the correct form of payment (see application for details). Pursuant to ARS § 41-1750(J), fees are non-refundable.
- **NOTE:** When submitting multiple applications with one payment, please limit the transaction to 30 applications per money order, business check, cashier's check, or State of Arizona Companion Transaction Entry/Transfer.
- Complete all the items with a ★ on the application form.
- Under **Applicant's** Complete Mailing Address on the application, enter your mailing address where you personally receive correspondence.
- Ensure your name and identifiers on the fingerprint card are EXACTLY the same as on the application.

Failure to follow any of the above instructions will result in your application being returned to you unprocessed

Use the following FBI approved abbreviations and units of measure on the application form and fingerprint card:

Sex	F for Female or M for Male.
Race	I for American Indian or Alaskan Native, A for Asian or Pacific Islander, B for Black, W for Caucasian, or H for Hispanic.
Height	Please indicate your height in feet and inches (ex. 5'7"). Do not use centimeters or meters.
Weight	Please indicate your weight in pounds. Do not use kilograms.
Eyes	BLK for Black, BLU for Blue, BRO for Brown, GRN for Green, GRY for Gray, or HAZ for Hazel.
Hair	BAL for Bald, BLK for Black, BLN for Blonde, BRO for Brown, GRY for Gray, ONG for Orange, PNK for Pink, PLE for Purple, RED for Red or Auburn, SDY for Sandy, or WHI for White.
Place of Birth	If born in the United States, use a two-letter state code (ex. AZ for Arizona). If born outside the United States, use a two-letter country code (ex. CD for Canada or MX for Mexico). If you do not know the two-letter code of the state or country you were born in, write the full name of the state or country.

If you provide your email address on the application, you will receive notification via email regarding the status of your application.

WHERE CAN YOU GO TO GET FINGERPRINTED?

Contact your local law enforcement agency to see if they provide fingerprinting services for the public or contact a private fingerprinting service.

YOU WILL NEED TO SUBMIT ALL OF THE FOLLOWING ITEMS TOGETHER TO DPS:

1. Completed application form filled out correctly.
2. Fingerprint card with your fingerprints **and** with the top portion filled out. Please ensure that the fingerprint card is signed by you **and** the technician taking your prints.
3. Appropriate fee in one of the acceptable forms of payment, made payable to DPS.

GO TO THE NEXT PAGE AND READ THE "PRIVACY ACT STATEMENT" INFORMATION BEFORE YOU FILL OUT THE APPLICATION

Privacy Act Statement

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal Statutes, state statutes pursuant to pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determination; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

Applicant Notification and Record Challenge

Your fingerprints will be used to check the criminal history records of the FBI. You have the opportunity to complete or challenge the accuracy of the information contained in the FBI identification record. The procedure for obtaining a change, correction, or updating an FBI identification record are set forth in Title 28, CFT, 16.34. You can find additional information on the FBI website at

<https://www.fbi.gov/about-us/cjis/background-checks>

To obtain a copy of your Arizona criminal history record to review, update or correct, you can contact Arizona Department of Public Safety Criminal History Records Unit at (602) 223-2222 or go to

<http://www.azdps.gov/services/public/records/criminal> to obtain a Review and Challenge packet.

KEEP THIS PAGE FOR YOUR RECORDS / DO NOT RETURN TO DPS

By signing this fingerprint clearance card application, you are acknowledging you have read this "Privacy Act Statement"



APPLICATION FOR FINGERPRINT CLEARANCE CARD (non-IVP)

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Mailing address: P.O. Box 18390, Phoenix, AZ 85005-8390
Physical address: 2222 W. Encanto Blvd., Phoenix, AZ 85009

TYPE OR PRINT ALL INFORMATION IN BLUE OR BLACK INK.

Fill out section below completely - Fields marked with a star are MANDATORY

Form with fields for: Full Legal Name (Last, First, Middle), Social Security Number, Phone Number, Date of Birth, Race, Sex, Height, Weight, Eye Color, Hair Color, Place of Birth, Mailing address, City, State, Zip Code, E-mail Address, Signature, Date.

Submit fees in the form of money order, cashier's check, or Business Check with pre-printed business address (made payable to "DPS")

Fee is \$67.00 if paid employee or where noted \$65
Fee is \$65.00 if volunteer or where noted \$67.

If the payment enclosed exceeds the amount due and the overpayment is \$10.00 or less, by signing this application you agree to have the excess funds donated to the State General Fund.

In order for your application to be processed, you MUST check the box or boxes to indicate why you are applying (No more than 5)

Large form with multiple columns and rows of checkboxes for various categories: Department of Child Services, Department of Education, Department of Economic Security Agency Codes, Department of Transportation, Department of Health Services, Board of Massage Therapy and Board of Physical Therapy, Board of Technical Registrations, Board of Financial Institutions, Board of Dental Examiners, Other Agencies Codes.