

### ARIZONA DEPARTMENT OF PUBLIC SAFETY

Applicant Clearance Card Team (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 <a href="https://www.azdps.gov/services/public/fingerprint">https://www.azdps.gov/services/public/fingerprint</a>

#### THIS IS A NON-IVP APPLICATION



If you need to apply for a Fingerprint Clearance Card for <u>any</u> 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 the limit is 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. The employers address and applicants address cannot be the same, if it's the same then you must indicate
  you work where you live.
- Ensure your name and identifiers on the <u>fingerprint card</u> are <u>EXACTLY</u> the same as on the <u>application</u>.

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	<u>F</u> for Female or <u>M</u> for Male.
Race	<u>I</u> for American Indian or Alaskan Native, <u>A</u> for Asian or Pacific Islander, <u>B</u> for Black, <u>W</u> for Caucasian, or <u>H</u> for Hispanic.
Height	Please indicate your height in feet and inches (ex. 5'7"). <b>Do not use centimeters or meters.</b>
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	<u>BAL</u> for Bald, <u>BLK</u> for Black, <u>BLN</u> for Blonde, <u>BRO</u> for Brown, <u>GRY</u> for Gray, <u>ONG</u> for Orange, <u>PNK</u> for Pink, <u>PLE</u> for Purple, <u>RED</u> for Red or Auburn, <u>SDY</u> for Sandy, or <u>WHI</u> for White.
	If born in the United States, use a two-letter state code (ex. <b>AZ</b> for Arizona). If born outside the United States, use a two-letter country code (ex. <b>CD</b> for Canada or <b>MX</b> 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:

- Completed application form (white original) filled out correctly. (Keep the yellow copy for your records).
- 2. Fingerprint card with your fingerprints and with the top portion filled out.
- 3. Appropriate fee in one of the acceptable forms of payment made payable to DPS.

### **Agency Abbreviation Legend for Application**

DCS - Department of Child Services

DES - Department of Economic Security

DHS - Department of Health Services

DHS - Department of Health Services

DHS - Board of Physical Therapy

ADOT - AZ Department of Transportation

ADFI - AZ Department of Financial Institutions

ABDE - AZ Board of Dental Examiners

BTR - Board of Technical Registration

GO TO THE NEXT PAGE AND READ THE "NOTICE TO APPLICANT" 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"

## ARIZONA DEPARTMENT OF PUBLIC SAFETY



## APPLICATION FOR FINGERPRINT CLEARANCE CARD (non-IVP)

Applicant Clearance Card Team 2 (602) 223-2279

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. REPRODUCTIONS WILL NOT BE ACCEPTED.

Fill out section below completely - Fields marked with a ★ are MANDATORY												
★Your Full Legal Name (Last, Fi				Social Security Number ★ Your Phone Number						er		
				•								
★Date of Birth (mm/dd/yyyy) ★	Race	★Sex		★He	eight	★Weight	<b>★Eye Colo</b>	r	★Hair Co	lor	★Place of Birth	
	11400		□ Male		oigiit.	Attoigne	A Lyo Golo		Arian Ge	,,,,,,	AT IGGO OF BIRTH	
★Applicant's Complete Mailing A	Addrose (An		- Iviale	-	City		<u> </u>	<b>★</b> Stat	•	★Zip C	`odo	
Applicant's Complete <u>Maning</u>	Audi ess (Ap	olicant's address only)		^	City			A Stat	e	\Zip C	oue	
Name of Employer and/or Agono						Empley	ow's Db	ana Numbar				
Name of Employer and/or Agenc	y (ii unknov						Employ	er's Pil	one Number			
	- 1-											
Employer and/or Agency Mailing	C	City State Zip Code					de					
Applicant's E-mail Address			★Appli	cant	t's Signature** ★Date							
** I authorize custodians of records to release information to the AZ DPS to process my application and acknowledge I have read the "Notice to Applicant"												
Fee is \$67.00 if paid employee		s \$65.00 if volunteer	Sub	mit fees	s in form of mone	y order, cashier's check, Arizona Companion Trar	or Business Che	ck with	pre-printed but	usiness ad	dress (made s NOT accepted.	
or where noted \$67		nere noted \$65.										
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.  Fees are subject to change and are not refundable pursuant to ARS § 41-1750(J).												
In order for your	application	to be processed, y	ou <u>MUST</u> ch	eck th	ne box or bo	xes (all that apply	to indicate	why	you are a	pplying		
DCS-Adoption - ARS § 8-10	)5* \$65				☐ AZ Der	ot. of Ed-Surroga	te Parents -	ARS	S 15-763.0	01		
DCS-Foster Home Licensur		-509* <mark>\$65</mark>				ot. of Ed-Child Nu			-			
DCS-Field Employee - ARS	•				•		J		•		r	
DCS-Employee or IT Emplo	-		ctors of		AZ Dept. of Ed-Attend Vocational Program; Age 22 or older - ARS § 15-782.02 \$65							
Subcontractors - ARS § 8-		. ,			ADOT-Driver Training School Licensure - ARS § 32-2371 \$67							
DCS-Child Welfare/Adoption	n Agency Er	nployee - ARS § 46	-141*		☐ ADOT-Traffic School Licensure - ARS § 28-3413 \$67							
State Board of Pharmacy-					☐ ADFI-Appraiser-License or Certificate - ARS § 32-3620							
☐ State Board of Pharmacy-3 <sup>rd</sup> Party Logistic Providers Representative -						I — · · ·						
ARS § 32-1941 \$67		0 ((( 10 1 (	<b>D</b>		ADFI-Appraisal Management/Registration - ARS § 32-3668							
DES-Certified Child Care Pr ARS § 41-1964* & ARS §			Provider -		ADFI-Appraisal Management/Controlling Person - ARS § 32-3669							
DES-CCR & R Registered H					ADBE-Dentist Licensure - ARS § 32-1232 \$67							
DES-DAAS-Division of Agin		ADBE-Dental Therapist Licensure - ARS § 32-1276.01 \$67										
DES-DDD/HCBS - Home &		.01*		ADBE-Dental Hygienist Licensure - ARS § 32-1284 \$67								
DES-DDD - Developmental	-	5 ADBE-Denturist Certification - ARS § 32-1297.01 \$67										
DES-Employee - ARS § 41-	+		□ AZ Board of Fingerprinting-Members & Staff - ARS § 41-619.52* & ARS § 41-619.53* \$67 □ AZ Charter School Board-Member/Applicant - ARS § 15-183									
DES-IT Position - ARS § 41												
☐ <b>DES-</b> Employee or Contracto	formation -											
ARS § 41-1969* \$67					☐ AZ Dept. of Agriculture-Industrial Hemp License - ARS § 3-314							
DES-JOBS Program - ARS			AZ Dept. Real Estate-Licensure - ARS § 32-2108.01 \$67									
DES-WIOA-Workforce Innov			☐ Department of Juvenile Corrections-Licensee or Contract Provide									
☐ <b>DES-</b> Domestic Violence/Hor				41*		41-2814(B)						
DHS-Child Care and Vulnera		☐ Health Science Student & Clinical Assistant - ARS § 15-1881 \$65										
ARS § 36-113.E* \$67		☐ Juvenile Probation-Supreme Court, County Attorney or other Contract										
DHS-Child Care Group Hom ARS § 36-897.01 & ARS §	1e; Certifica <b>36-897 03</b> :	ion, ⊨mpioyees or v	volunteers -			er Employee or Vo		•				
DHS-Child Care Employees & Volunteers - ARS § 36-883.02*					☐ BTR-Home Inspector Certification - ARS § 32-122.02 \$67							
DHS-Child Care Facility Lice		☐ BTR-Controlling Person Certification - ARS § 32-122.05 \$67										
DHS-Children's Behavioral H		•	d Volunteers		☐ BTR-Alarm Agent Certification - ARS § 32-122.06 \$67							
ARS § 36-425.03					☐ AZ Game and Fish - ARS § 17-215*							
☐ <b>DHS-</b> Residential or Nursing	Agencies -		☐ AZ Schools for the Deaf & Blind-Superintendent – ARS § 15-1330 \$67									
Employees and Volunteers			☐ BPT-Physical Therapist & Assistants Licensure – ARS § 32-2022 \$67									
DHS-Nursing Care Administ		☐ BMT-Massage Therapist Licensure - ARS § 32-4222 \$67										
ARS § 36-446.04	ADSSO	207*				2.3.2			·			
☐ <b>DHS-</b> Arizona State Hospital☐ <b>DHS-</b> IT Positions and/or Acc			6 112 A * CO	,								
Statutes with a * require a Level (					evel One Fine	ernrint Clearance car	d will be iccus	d for a	ny hoy salar	ted on th	ne annlication	
. Cultures with a require a Level C			you yua	y, a L	1114	print viculatios cal	No 133UE	a ivi di	., 35151	vii tii	- approunted.	