



**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 15 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:**

<b>Sex</b>	<b>F</b> for Female or <b>M</b> for Male.
<b>Race</b>	<b>I</b> for American Indian or Alaskan Native, <b>A</b> for Asian or Pacific Islander, <b>B</b> for Black, <b>W</b> for Caucasian, or <b>H</b> for Hispanic.
<b>Height</b>	Please indicate your height in feet and inches (ex. 5'7"). <b>Do not use centimeters or meters.</b>
<b>Weight</b>	Please indicate your weight in pounds. <b>Do not use kilograms.</b>
<b>Eyes</b>	<b>BLK</b> for Black, <b>BLU</b> for Blue, <b>BRO</b> for Brown, <b>GRN</b> for Green, <b>GRY</b> for Gray, or <b>HAZ</b> for Hazel.
<b>Hair</b>	<b>BAL</b> for Bald, <b>BLK</b> for Black, <b>BLN</b> for Blonde, <b>BRO</b> for Brown, <b>GRY</b> for Gray, <b>ONG</b> for Orange, <b>PNK</b> for Pink, <b>PLE</b> for Purple, <b>RED</b> for Red or Auburn, <b>SDY</b> for Sandy, or <b>WHI</b> for White.
<b>Place of Birth</b>	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:**

1. Completed application form filled out correctly.
2. Fingerprint card with your fingerprints with the top portion filled out **and** the fingerprint affidavit filled out. Please ensure that the fingerprint card is signed by you and the technician. Also ensure that the technician **signs** the fingerprint affidavit.
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 review, update or correct, you can contact Arizona Department of Public Safety Central State Repository Unit at (602) 223-2000.

The issuance of a fingerprint clearance card at any prior time does not confer a vested right or guarantee future eligibility. Each application is reviewed independently based on the applicant's current criminal history record and the Department's statutory obligations under A.R.S. §§ 41-1758.03 and 41-1758.07, as interpreted under current law.

When evaluating out-of-state offenses, the Department is required to determine whether the offense is the same as or similar to a precluding offense under Arizona law. This determination is based on statutory elements, not on prior administrative outcomes.

**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"**



# FINGERPRINT AFFIDAVIT

## ATTENTION FINGERPRINT TECHNICIAN:

Please follow the instructions below for fingerprinting this applicant.

1. Please fill out or ensure that the applicant has filled out the required boxes on the fingerprint card prior to taking the fingerprints.  
*Note: if using a live scan, the demographic information can be printed on the fingerprint card, otherwise it can be filled out by the applicant.*
2. Request a valid, unexpired government-issued photo ID from the applicant and compare the physical descriptors on the applicant's photo ID to the applicant and to the information on the fingerprint card.
3. Fill out the information in the boxes below. Please print clearly.
4. Once the prints have been taken, place the fingerprint card and this form into an envelope and seal it. Please write your name or identification across the edge of the seal. Return the sealed envelope to the applicant. **Do not give the applicant the fingerprint card without first sealing it inside the envelope.**
5. **Write applicants name on the front of sealed envelope.**

PRINT the following information:

DATE	NAME OF APPLICANT
APPLICATION NUMBER	NAME OF FINGERPRINT TECHNICIAN
FINGERPRINT TECHNICIAN'S SIGNATURE	
FINGERPRINT TECHNICIAN'S AGENCY / COMPANY	
TYPE OF PHOTO ID (check one) <input type="checkbox"/> Driver's License <input type="checkbox"/> Passport <input type="checkbox"/> Other (Please Specify)	



APPLICATION FOR FINGERPRINT CLEARANCE CARD (Non-IVP)

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

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TYPE OR PRINT ALL INFORMATION IN BLUE OR BLACK INK.

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

Form with fields for: ★Your Full Legal Name (Last, First, Middle), Social Security Number, ★ Your Phone Number, ★Date of Birth, ★Race, ★Sex, ★Height, ★Weight, ★Eye Color, ★Hair Color, ★Place of Birth, ★Your Complete Mailing address, ★City, ★State, ★Zip Code, and a signature/date line.

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

☐ The application fee is \$67.00 unless otherwise noted.

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)

Department of Economic Security Agency Codes

- ☐ Certified Child Care Provider & Non-Certified Relative Provider - ARS § 41-1964 & ARS § 46-141
☐ CCR & R Registered Home - ARS § 41-1967.1
☐ DAAS-Division of Aging & Adult Services - ARS § 46-141
☐ DDD/HCBS - Home & Community Based Services - ARS § 36-594.01 - volunteer fee may apply
☐ DDD - Developmental Home Licensure - ARS § 36-594.02
☐ Employee - ARS § 41-1968
☐ IT Employee or Contractor with access to Federal Tax Information - ARS S § 41-1969
☐ JOBS Program - ARS § 46-141
☐ WIOA-Workforce Innovation & Opportunity Act - ARS § 46-141
☐ Domestic Violence/Homeless Shelter - ARS § 36-3008 and § 46-141

Department of Health Services

- ☐ Child Care and Vulnerable Adult Facilities Inspections - ARS § 36-113.E
☐ Child Care Group Home; Certification - ARS § 36-897.01 & ARS § 36-897.03 - volunteer fee may apply
☐ Child Care Personnel - ARS § 36-883.02 - volunteer fee may apply
☐ Child Care Facility Licensure - ARS § 36-882
☐ Children's Behavioral Health Programs - ARS § 36-425.03 - volunteer fee may apply
☐ Residential or Nursing Care Institutions; Home Health Agencies - ARS § 36-411
☐ Nursing Care Administrators & Assisted Living Facility Managers - ARS § 36-446.04
☐ Arizona State Hospital - ARS § 36-207
☐ IT Positions and/or Access to Vital Records - ARS § 36-113.A
☐ Certification as a Doula - ARS § 36-766.01
☐ Audiologist Licensure - ARS § 36-1940
☐ Speech-Language Pathologist Licensure - ARS § 36-1940.01
☐ Sober Living Homes - ARS § 36-2069

Department of Child Services

- ☐ Adoption - ARS § 8-105
☐ DCS Field Home Licensure - ARS § 8-802
☐ Foster Care/Kinship Care Licensure - ARS § 8-509
☐ Employee or IT Employee or IT Employees of Contractors of Subcontractors - ARS § 8-463
☐ Child Welfare / Adoption Agency Employee - ARS § 46-141

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

### Board of Dental Examiners

- Dentist Licensure - **ARS § 32-1232**
- Dental Therapist Licensure - **ARS § 32-1276.01**
- Dental Hygienist Licensure - **ARS § 32-1284**
- Denturist Certification - **ARS § 32-1297.01**

### Board of Psychologist Examiners

- Psychology License (Initial, Renewal, Temporary) - **ARS § 32-2063**
- Behavioral Analyst License (Initial) - **ARS § 32-2091.02**
- Behavioral Analyst License (Temporary) - **ARS § 32-2091.06**
- Behavioral Analyst License (Renewal) - **ARS § 32-2091.07**

### Board of Financial Institutions

- Appraiser-License or Certificate - **ARS § 32-3620**
- Appraisal Management/Registration - **ARS § 32-3668**
- Appraisal Management/Controlling Person - **ARS § 32-3669**

### Board of Technical Registrations

- Home Inspector Certification - **ARS § 32-122.02**
- Controlling Person Certification - **ARS § 32-122.05**
- Alarm Agent Certification - **ARS § 32-122.06**

### Department of Education

- Surrogate Parents - **ARS § 15-763.01**
- Child Nutrition Programs - **ARS § 46-321**
- Attend Vocational Program, Age 22 or older - **ARS § 15-782.02**

### State Board of Pharmacy

- Licensure - **ARS § 32-1904**
- 3<sup>rd</sup> Party Logistic Providers Representative - **ARS § 32-1941**
- Designated Representative of Wholesale Permittee - **ARS § 32-1982**

### Acupuncture Board of Examiners

- Acupuncture Specialist Certificate - **ARS § 32-3922**
- Acupuncture License - **ARS § 32-3924**

### Board of Massage Therapy and Board of Physical Therapy

- Physical Therapist & Assistants Licensure - **ARS § 32-2022**
- Massage Therapist Licensure - **ARS § 32-4222**

### Department of Transportation

- Driver Training School Licensure - **ARS § 32-2371**
- Traffic School Licensure - **ARS § 28-3413**

### Other Agencies Codes

- AZ Board of Fingerprinting** - Members & Staff - **ARS § 41-619.52 & ARS § 41-619.53**
- AZ Charter School Board** - Member/Applicant - **ARS § 15-183** - **volunteer fee may apply**
- AZ Department of Agriculture** - Industrial Hemp License - **ARS § 3-314**
- AZ Department of Housing** - Housing Sales / QP / Managers - **ARS § 41-4025E**
- AZ Department of Juvenile Corrections**-Licensee or Contract Provider - **ARS § 41-2814(B)**
- AZ Department of Real Estate** - Licensure - **ARS § 32-2108.01**
- AZ Game and Fish** - **ARS § 17-215** - **volunteer fee may apply**
- AZ Schools for the Deaf & Blind** - Superintendent - **ARS § 15-1330**
- Board of Occupational Therapy Examiners** - Occupational Therapy License - **ARS § 32-3430**
- Board of Athletic Training** - Athletic Trainer License - **ARS § 32-4128**
- Board of Podiatry Examiners** - Podiatry License - **ARS § 32-823**
- Health Science Student & Clinical Assistant** - **ARS § 15-1881**
- Juvenile Probation**-Supreme Court, County Attorney or other Contract Provider - **ARS § 8-322**