# ARIZONA DEPARTMENT OF PUBLIC SAFETY



2102 WEST ENCANTO BLVD. P.O. BOX 6638 PHOENIX, ARIZONA 85005-6638 (602) 223-2000

## "Courteous Vigilance"

This is a downloadable and fillable PDF version of the Regular (non-IVP) Fingerprint Clearance Application Form.

# Please be aware that you must follow <u>all</u> of the directions below to <u>submit</u> your electronic application.

- ➤ Complete the *Application for a Fingerprint Clearance Card* ("Application"). DPS will accept either a handwritten or typed Application, however it must be <u>complete</u>.
- You will need to be fingerprinted. Contact your local law enforcement agency to see if they provide fingerprinting services for the public, or contact a private fingerprinting service. The facility you select must take your prints using the standard applicant fingerprint card (Form FD-258).
- After you are fingerprinted, you will need to **mail the following items** to the address below:
  - ✓ Completed Application
  - ✓ Your fingerprints (on Form FD-258)
  - ✓ Appropriate fee (follow instructions on the application)

MAIL TO: Applicant Clearance Card Team PO Box 18390 - MD 3180 Phoenix, AZ 85005-83690

- ✓ Be sure to include your return address on the envelope.
- ➤ The above-listed items <u>must</u> be mailed in a 9" x 11" (or larger) envelope.
- > Do <u>NOT</u> fold the fingerprint card! DPS will be unable to process your application if the fingerprint card has been folded.

## Note to Employers/Agencies/Fingerprinting Services:

When printing multiple applications for distribution to applicants, be sure to include all <u>four</u> pages of the application.



## 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 now have the option of applying electronically instead of submitting this paper application.

Applying electronically can reduce the overall processing time of your application by approximately two weeks.

For more information go to azdps.gov/services/fingerprint.

#### **ATTENTION:**

This is not the correct application if you are required to apply for a fingerprint clearance card for:

- ADOE Certification (Teacher or Other)
- Charter School Instructor
- Tutor or Teacher Prep Program
- Public or Charter School Non-Certificated Personnel
- · Public or Charter School Contractor, Subcontractor, or Vendor
- School Bus Driver Certification

For any of the above reasons you need to submit an IVP application.

#### **GUIDELINES FOR FILLING OUT THE APPLICATION FORM AND FINGERPRINT CARD:**

- Under "Applicant's Complete Mailing Address", enter <u>your mailing address</u> where you personally receive correspondence to ensure any correspondence regarding your application is sent directly to you.
  - NOTE: Should your mailing address change in the future you must contact DPS with the new information so your account can be updated with your current mailing address.
- 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. <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.
- Check the appropriate fee box. The fee submitted with your application must be in one of the acceptable forms of payment noted on the application made payable to DPS.
  - **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.

#### Pursuant to ARS § 41-1750(J) fees are non-refundable.

Check the box or boxes to indicate why you are required to apply for a fingerprint clearance card. The maximum number of boxes you can check is four. If you are unsure which box(s) to check contact the employer, agency or school that is requiring you to apply for the information. DPS is not able to advise you on what box or boxes you need to select.

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 RETURN THE FOLLOWING ITEMS TO DPS:

- 1. Completed application form (white original, yellow copy is for your records) filled out correctly.
- 2. Completed fingerprint card with your fingerprints and with the top portion filled out correctly (see yellow highlighted mandatory fields on the card).
- 3. The appropriate fee in one of the acceptable forms of payment made payable to DPS.

#### All items must be submitted together.

Application packets without all required items or, applications or fingerprint cards not filled out correctly, or packets received with the wrong form of payment or incorrect amount cannot be processed and will be returned to the submitter for correction.

Agency Abbreviation Legend for Application									
DCS-Department of Child Services	ADOT-AZ Department of Transportation								
<b>DES</b> -Department of Economic	ADFI-AZ Department of Financial Institutions								
<b>DHS</b> -Department of Health Services	ABDE-AZ Board of Dental Examiners								
BPT-Board of Physical Therapy	BTR-Board of Technical Registration								
PLEASE GO TO THE NEXT PAGE AND READ THE "NOTICE TO APPLICANT" INFORMATION									

# ARIZONA DEPARTMENT OF PUBLIC SAFETY

2102

DOUGLAS A. DUCEY FRANK L MILSTEAD

2102 WEST ENCANTO BLVD. P.O. BOX 6638 PHOENIX, ARIZONA 85005-6638 (602) 223-2000

"Courteous Vigilance"

### NOTICE TO APPLICANT

In accordance with ARS §41-1750(A)(2) and ARS §41-1758 et seq., the Arizona Department of Public Safety (DPS) Applicant Clearance Card Team (ACCT) conducts fingerprint-based criminal history record checks and exchanges the fingerprint data with the Federal Bureau of Investigation. Further, as required by ARS §41-1750(G)(3), ARS §41-1758.03(F) and ARS §41-1758.07(F), DPS releases an applicant's criminal history record to the Arizona Board of Fingerprinting, upon the Arizona Board of Fingerprinting's request for conducting good cause exceptions.

Your fingerprints will be used to check the criminal history records of the state of Arizona and of the FBI. DPS and the FBI may retain your fingerprints and associated information after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints, including latent fingerprints submitted to or retained by DPS and the FBI.

If you have a criminal history record, the officials making the determination of your suitability for the job, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record. You should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before officials deny you the job, license, or other benefit based on information in the criminal history record.

The procedures for obtaining a change, correction, or updating of your FBI criminal history record are set forth in Title 28, Code of Federal Regulations (CFR) Section 16.30 through 16.34. Information on how to review and challenge your FBI criminal history record can be found at www.fbi.gov under Criminal History Summary Checks or by calling (304) 625-5590.

To obtain a copy of your Arizona criminal history record to review, update or correct, you can contact the Arizona Department of Public Safety Criminal History Records Unit at (602) 223-2222 or go to <a href="http://www.azdps.gov/services/public/records/criminal">http://www.azdps.gov/services/public/records/criminal</a> to obtain a Review and Challenge packet.

KEEP THIS PAGE FOR YOUR RECORDS

DO NOT RETURN TO DPS

# **ARIZONA DEPARTMENT OF PUBLIC SAFETY** APPLICATION FOR A FINGERPRINT CLEARANCE CARD

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

Visit <a href="https://www.azdps.gov/services/fingerprint">www.azdps.gov/services/fingerprint</a> to apply on-line, FAQ's or to check the status of your application.

	Type or print all information in blue or black ink. All fields marked with a ★ are mandatory.	Submit						oroductio	ons will not be a	ccepted.		
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Nam	e of Employer and/or Agency- <u>Print clearly</u> (If unknown or student leave blank)		Employer's Phone Number w/Area Code									
Emp	loyer and/or Agency Mailing Address- <u>Print clearly</u>				Cit	у		l	State	Zip Code		
App	icant's e-mail address- <u>Print clearly</u>	★A	pplican	t's Sic	natu	ıre *				<b>★</b> Date		
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	* I authorize custodians of records to release information to the AZ Department of Public Safety	for the p	urpose o	of proce	essin	g my a	pplication	n for a Fi	ngerprint Cleara	nce Card.		
П										awn on a business		
	where fee is noted as *\$67. or where fee is noted as **\$65.		de payable to "DPS", or a <u>State of Arizona Companion Transaction</u> <u>Entry/Transfer</u> .									
	you are aware the enclosed payment exceeds the amount due, and the overpayment is less than \$10.00, signing this application								ble forms of page of the State General			
	change and are not refundable per A.R	R.S. § 41-1	750(J).									
	Check the box(s) (maximum of 4) indicating why you are applying. Ap	opiicai	ion ca	nnot	ре р	oroce	ssea w	itnout	tnis informa	tion.		
	DCS-Adoption - ***ARS § 8-105 **\$65		AZ D	ept.	of E	<b>Ed</b> -Sı	urroga	te Par	ents - ARS	§ 15-763.01		
	DCS-Foster Home Licensure - ***ARS § 8-509 **\$65		AZ D	ept.	of E	Ed-Cl	nild Nu	ıtrition	Programs -	ARS § 46-321		
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ш	DCS-Employee or IT Employee or IT Employees of Contractors or Subcontractors - ***ARS § 8-463 *\$67	1-										
	DCS - Child Welfare/Adoption Agency Employee - ***ARS § 46-141 *\$67		ADO ARS					chool I	_icensure –			
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	State Board of Pharmacy-Licensure - ARS § 32-1904 *\$67	ΙЦ	ADO	I Ira	attic	Scho	OOI LIC	ensure	- ARS § 28	3-3413 *\$67		
	State Board of Pharmacy-3rd Party Logistic Providers Representative -			I-App	rais	er-Li	cense	or Ce	rtificate - AF	S § 32-3620		
	ARS § 32-1941 *\$67									- ARS § 32-3668		
	<b>DES</b> -Certified Child Care Provider & Non-Certified Relative Provider -						-		_	_		
_	***ARS § 41-1964 & ***ARS § 46-141 *\$67	_	ADFI-Appraisal Management/Controlling person - ARS § 32-3669									
	<b>DES-</b> CCR&R Registered Home - ***ARS § 41-1967.01 *\$67	۱										
$\exists$		ABDE-Dentist Licensure – AR				•						
Η	DES-DAAS-Division of Aging & Adult Svcs ***ARS § 46-141	∣⊔	ABDE-Dental Hygienist						Licensure – ARS § 32-1284 *\$67			
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브	DES-DDD - Developmental Home Licensure - ***ARS § 36-594.02 **\$65	١п								\ \		
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	DES-IT Position - ***ARS § 41-1969 *\$67			_					-			
	DES-JOBS Program - ***ARS § 46-141	-	ARS					ra-ivie	mber/Applic	anı -		
	DES-WIOA-Workforce Innovation & Opportunity Act - *** ARS § 46-141	_	71110	3 .0		<b>5(5)</b> (	•,					
	DES-Domestic Violence/Homeless Shelter - ***ARS §§ 36-3008 & 46-141	ΙЦ	AZ D	ept.	Rea	al Es	t <b>ate</b> -Li	censu	re - <b>ARS</b> § 3	32-2108.01 *\$67		
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	DHS-Child Care Group Home; Certification, Employees or Volunteers -	-	Contract Provider - ARS § 41-2814(B)							ensee oi		
_	***ARS § 36-897.01 & ARS § 36-897.03									tant		
	DHS-Child Care Employees & Volunteers - ***ARS § 36-883.02	-	ARS § 15-1881 **\$65									
	DHS-Child Care Facility Licensure - ***ARS § 36-882 *\$67			_				reme	Court Cour	inty Attorney or		
	DHS-Children's Behavioral Health Programs Employees and Volunteers -	-	Juvenile Probation-Supreme Court, County Attorney or other Contract Provider Employee or Volunteer -									
	ARS § 36-425.03		ARS § 8-322									
	DHS-Residential or Nursing Care Institutions; Home Health Agencies –		7 PTP Controlling Porcon Cortification ABS 8 32 422 4									
	Employees and Volunteers - ARS § 36-411		_									
	DHS-Nursing Care Administrators & Assisted Living Facility Managers -		RLK.	-Aları	m A	gent	Certifi	tification - ARS § 32-122.06				
_	ARS § 36-446.04		AZ G	ame	and	d Fis	h - ***	ARS 8	17-215			
	DHS-Arizona State Hospital - ***ARS § 36-207											
П	RPT - Physical Theranist & Assistants Licensure - ARS & 32-2022 *\$67	┧┖		choc				f & Bl	ind-Superin	tendent		