

ATN and SID# FOR OFFICIAL USE ONLY

ATN# _____

SID# _____

**APPLICANT PROCESSING – DISCLOSURE
BUREAU OF CRIMINAL IDENTIFICATION AND
INFORMATION**

P.O. BOX 66614 (MAIL SLIP A-6)
BATON ROUGE, LA 70896

LSPAPP3/Revised 10/2015

Louisiana Board of Drug and Device Distributors
AGENCY, BUSINESS OR INDIVIDUAL NAME

12091 Bricksome Avenue, Suite B
MAILING ADDRESS

Baton Rouge, LA 70816
CITY STATE ZIP CODE

NOTICE:
PLEASE PRINT OR TYPE
INFORMATION, EXCLUDING
ADMINISTRATORS OR AUTHORIZED
PERSONS SIGNATURE.

**INCOMPLETE FORMS WILL NOT BE
PROCESSED.**

NAME OF APPLICANT

____/____/____
DATE OF BIRTH

PLACE OF BIRTH
(STATE)

____/____
RACE/SEX

WEIGHT

HEIGHT

HAIR COLOR

EYE COLOR

____-____-____
SOCIAL SECURITY NUMBER

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

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 an arrest or conviction information not available in our database.

CRIMINAL HISTORY DETERMINATION:

RAPSHEET ATTACHED

RESPONSE BELOW