

**MAIL form/attachments: State ID Bureau, Arkansas State Police, #1 State Police Plaza Dr., Little Rock, AR 72209**

Obtain forms from: Arkansas Department of Human Services, Division of Developmental Disabilities Services (DDS)  
 Licensure and Certification, PO Box 1437, Slot N203, Little Rock, AR 72203-1437, (501) 682-8675

**REQUEST FOR CRIMINAL RECORD CHECK – ORI AR 920440Z**

(A) State-only Check: Required items  
 A.1. This form completed, signed, and notarized  
 A.2. \$25 check/money order made payable to "Arkansas State Police"

(B) National (FBI) Check (must also request and pay for State Check in box A) Required items  
 B.1. This form completed, signed, and notarized  
 B.2. \$19.25 check/money order made payable to "Arkansas State Police"  
 B.3. One completed fingerprint card

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Type of Provider: Licensed DDTCS \_\_\_ Certified Early Intervention \_\_\_ Certified Waiver \_\_\_ Other \_\_\_\_\_

**Provider submitting form:** **INTEGRITY, INC** **6124 NORTHMOOR DR.** **LITTLE ROCK, AR 72204**  
 Name of Provider Address City/Zip

**MIKI SPECHT** **501-614-7200**  
 Name of Provider Contact Person Telephone number (include Area Code)

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Name of person to be checked \_\_\_\_\_  
 Last Name First Name Middle Name

Current address \_\_\_\_\_  
 Street City State ZIP Code

\_\_\_\_\_ Maiden Name Aliases Date of Birth (month/day/year) Telephone

\_\_\_\_\_ Social Security Number Race Sex (M/F) Driver's License Number State of Issuance

Note: The name, address, and date of birth listed above must appear on a valid identification document issued by a government entity.  
 Please list the document used if not the person's driver's license: \_\_\_\_\_

The person listed above must list all past felony or misdemeanor charges(s) for which he/she was found guilty of or to which he/she pled guilty or nolo contendere:  
Date of charge Location Description of charge Sentence/Disposition

\_\_\_\_\_  
 \_\_\_\_\_

**Notice:** Providers will receive state criminal record reports and must forward those with a criminal record to DDS for a determination of employment eligibility. 20-38-101. DDS will receive FBI reports and make determinations of employment eligibility. Prior to receipt of these items, providers may choose to deny an employee unsupervised access to a person to whom the employer provides care. Providing false information on this form is a violation of Arkansas law and is punishable as set forth in Arkansas Code Annotated § 5-53-103. Any challenges to the accuracy of the report should be directed to the State Identification Bureau, Arkansas State Police, #1 State Police Plaza Drive, Little Rock, Arkansas 72209 (501) 618-8500.

**Consent:** I, the undersigned, hereby give my consent for the Arkansas State Police to conduct a criminal record check on me and to release results to the provider named below and to DDS. I further authorize, if required, a national criminal record check on me through the Federal Bureau of Investigation and the release of the results to DDS. I further authorize the Department of Human Services to issue a determination of employment eligibility to my current or potential employer, including a private placement or contracted staffing agency, based on the criminal record that is issued.

**Statement of Oath:** I state on oath that the representations made herein are true, complete, and correct.

\_\_\_\_\_  
 Signature of Applicant/Employee Date

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**Notarization:** State of Arkansas County of \_\_\_\_\_ Subscribed and sworn to before me, a Notary Public, in and for the county and state  
 noted above this the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.  
 \_\_\_\_\_  
 Notary Public

My commission expires on \_\_\_\_\_, (year)\_\_\_\_\_.  
 \_\_\_\_\_  
 (Notary Seal)

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FOR ARKANSAS STATE POLICE ONLY  
 \_\_\_\_\_ 82005 Civil Records Check \$25 via postal mail \_\_\_\_\_ 80005 & 80006 FBI Records Check \$19.25 \_\_\_\_\_ 82005 Civil Records Check \$22 via internet

Form DDS-5088 (02/28/12)