



ARIZONA DEPARTMENT OF PUBLIC SAFETY

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

“Courteous Vigilance”

DOUGLAS A. DUCEY Governor FRANK L. MILSTEAD Director

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

Please be aware that you must follow all of the directions below to submit 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 complete.
 - **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 three 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 **must** be mailed in a 9” x 11” (or larger) envelope.
 - **Do NOT 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 four pages of the application.



ARIZONA DEPARTMENT OF PUBLIC SAFETY

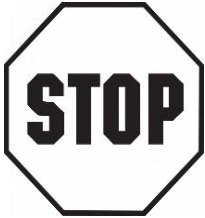
Applicant Clearance Card Team ☎ (602) 223-2279

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

🏠 Physical address: 2222 W. Encanto Blvd. Phoenix, AZ 85009

You can also apply on-line at <https://www.azdps.gov/services/public/fingerprint>

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 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 to ensure any correspondence regarding your application is sent directly to you.
NOTE: It is imperative to notify DPS should your mailing address change in the future to ensure receipt of all 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 be 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"). Do not use centimeters or meters.
Weight	Please indicate your weight in pounds. Do not use kilograms.
Eyes	<u>BLK</u> for Black, <u>BLU</u> for Blue, <u>BRO</u> for Brown, <u>GRN</u> for Green, <u>GRY</u> for Gray, or <u>HAZ</u> 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.
Place of Birth	If born in the United States use a two-letter state code (ex. <u>AZ</u> for Arizona). If born outside the United States use a two-letter country code (ex. <u>CD</u> for Canada or <u>MX</u> 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 THE FOLLOWING ITEMS TOGETHER TO DPS:

1. 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	ADOT -AZ Department of Transportation
DES -Department of Economic Security	ADFI -AZ Department of Financial Institutions
DHS -Department of Health Services	ABDE -AZ Board of Dental Examiners
BPT -Board of Physical Therapy	BTR -Board of Technical Registration

GO TO THE NEXT PAGE AND READ THE "NOTICE TO APPLICANT" INFORMATION BEFORE YOU FILL OUT THE APPLICATION



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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 <https://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 <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 the fingerprint clearance card application, you are acknowledging that you have read this “Notice to Applicant”.



**ARIZONA DEPARTMENT OF PUBLIC SAFETY
APPLICATION FOR A FINGERPRINT CLEARANCE CARD (non-IVP)**

APPLICATION NUMBER

Applicant Clearance Card Team ☎ (602) 223-2279
 Mailing address: P.O. Box 18390, Phoenix, AZ, 85005-8390
 Physical address: 2222 West Encanto Blvd. Phoenix, AZ 85009

TYPE OR PRINT ALL INFORMATION IN BLUE OR BLACK INK. REPRODUCTIONS WILL NOT BE ACCEPTED.

In order for your application to be processed, you MUST check the box or boxes (maximum of 4) to indicate why you are applying.

- | | |
|---|---|
| <input type="checkbox"/> DCS-Adoption - ARS § 8-105* \$65
<input type="checkbox"/> DCS-Foster Home Licensure - ARS § 8-509* \$65
<input type="checkbox"/> DCS-Field Employee - ARS § 8-802* \$67
<input type="checkbox"/> DCS-Employee or IT Employee or IT Employees of Contractors or Subcontractors - ARS § 8-463* \$67
<input type="checkbox"/> DCS-Child Welfare/Adoption Agency Employee - ARS § 46-141*
<input type="checkbox"/> State Board of Pharmacy-Licensure - ARS § 32-1904 \$67
<input type="checkbox"/> State Board of Pharmacy-3 rd Party Logistic Providers Representative - ARS § 32-1941 \$67
<input type="checkbox"/> DES-Certified Child Care Provider & Non-Certified Relative Provider - ARS § 41-1964* & ARS § 46-141* \$67
<input type="checkbox"/> DES-CCR&R Registered Home - ARS § 41-1967.1* \$67
<input type="checkbox"/> DES-DAAS-Division of Aging & Adult Svcs. - ARS § 46-141*
<input type="checkbox"/> DES-DDD/HCBS - Home & Community Based Svcs. - ARS § 36-594.01*
<input type="checkbox"/> DES-DDD - Developmental Home Licensure - ARS § 36-594.02* \$65
<input type="checkbox"/> DES-Employee - ARS § 41-1968* \$67
<input type="checkbox"/> DES-IT Position - ARS § 41-1969* \$67
<input type="checkbox"/> DES-Employee or Contractor with access to Federal Tax Information - ARS § 41-1969* \$67
<input type="checkbox"/> DES-JOBS Program - ARS § 46-141*
<input type="checkbox"/> DES-WIOA-Workforce Innovation & Opportunity Act - ARS § 46-141*
<input type="checkbox"/> DES-Domestic Violence/Homeless Shelter - ARS §§ 36-3008 & 46-141*
<input type="checkbox"/> DHS-Child Care Group Home; Certification, Employees or Volunteers - ARS § 36-897.01 & ARS § 36-897.03*
<input type="checkbox"/> DHS-Child Care Employees & Volunteers - ARS § 36-883.02*
<input type="checkbox"/> DHS-Child Care Facility Licensure - ARS § 36-882* \$67
<input type="checkbox"/> DHS-Children's Behavioral Health Programs Employees and Volunteers ARS § 36-425.03
<input type="checkbox"/> DHS-Residential or Nursing Care Institutions; Home Health Agencies - Employees and Volunteers - ARS § 36-411
<input type="checkbox"/> DHS-Nursing Care Administrators & Assisted Living Facility Managers - ARS § 36-446.04
<input type="checkbox"/> DHS-Arizona State Hospital - ARS § 36-207* | <input type="checkbox"/> AZ Dept. of Ed-Surrogate Parents - ARS § 15-763.01
<input type="checkbox"/> AZ Dept. of Ed-Child Nutrition Programs - ARS § 46-321
<input type="checkbox"/> AZ Dept. of Ed-Attend Vocational Program; Age 22 or older ARS § 15-782.02 \$65
<input type="checkbox"/> ADOT-Driver Training School Licensure – ARS § 32-2371 \$67
<input type="checkbox"/> ADOT Traffic School Licensure - ARS § 28-3413 \$67
<input type="checkbox"/> ADFI-Appraiser-License or Certificate - ARS § 32-3620
<input type="checkbox"/> ADFI-Appraisal Management/Registration - ARS § 32-3668
<input type="checkbox"/> ADFI-Appraisal Management/Controlling person - ARS § 32-3669
<input type="checkbox"/> ABDE-Dentist Licensure – ARS § 32-1232 \$67
<input type="checkbox"/> ABDE-Dental Therapist Licensure – ARS § 32-1276.01 \$67
<input type="checkbox"/> ABDE-Dental Hygienist Licensure – ARS § 32-1284 \$67
<input type="checkbox"/> ABDE-Denturist Certification – ARS § 32-1297.01 \$67
<input type="checkbox"/> AZ Board of Fingerprinting-Members & Staff ARS § 41-619.52* & ARS § 41-619.53* \$67
<input type="checkbox"/> AZ Charter School Board-Member/Applicant - ARS § 15-183(C)(4)
<input type="checkbox"/> AZ Dept. Real Estate-Licensure - ARS § 32-2108.01 \$67
<input type="checkbox"/> Department of Juvenile Corrections-Licensee or Contract Provider - ARS § 41-2814(B)
<input type="checkbox"/> Health Science Student & Clinical Assistant ARS § 15-1881 \$65
<input type="checkbox"/> Juvenile Probation-Supreme Court, County Attorney or other Contract Provider Employee or Volunteer - ARS § 8-322
<input type="checkbox"/> BTR-Home Inspector Certification - ARS § 32-122.02 \$67
<input type="checkbox"/> BTR-Controlling Person Certification - ARS § 32-122.05 \$67
<input type="checkbox"/> BTR-Alarm Agent Certification - ARS § 32-122.06 \$67
<input type="checkbox"/> AZ Game and Fish - ARS § 17-215*
<input type="checkbox"/> AZ Schools for the Deaf & Blind-Superintendent – ARS § 15-1330 \$67
<input type="checkbox"/> BPT-Physical Therapist & Assistants Licensure – ARS § 32-2022 \$67 |
|---|---|

Statutes with a * require a Level One Fingerprint Clearance Card. However, if you qualify, a Level One Fingerprint Clearance card will be issued for any box selected on the application.

<input type="checkbox"/> Fee is \$67.00 if paid employee or where noted \$67.	<input type="checkbox"/> Fee is \$65.00 if volunteer or where noted \$65.	Submit fee in form of a money order, cashier's check, or business check (made payable to "DPS"), or a State of Arizona Companion Transaction Entry/Transfer. Cash or Personal Checks NOT accepted.
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If enclosed payment exceeds amount due, and the overpayment is less than \$10.00, signing this application indicates you agree the excess funds can be donated to the Arizona State General Fund. Fees are subject to change and are not refundable pursuant to ARS § 41-1750(J).

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

★Your Full Legal Name (Last, First, Middle) - <u>Print clearly</u>		Social Security Number [][]-[][]-[][][][]			Your Phone Number w/Area Code			
★Date of Birth M M D D Y Y Y Y		★Race	★Sex <input type="checkbox"/> Female <input type="checkbox"/> Male	★Height	★Weight	★Eye Color	★Hair Color	★Place of Birth
★Applicant's Complete Mailing Address (Applicant's address only) - <u>Print clearly</u>					★City	★State	★Zip Code	
Name of Employer and/or Agency - <u>Print clearly</u> (If unknown or student leave blank)						Employer's Phone Number w/Area Code		
Employer and/or Agency Mailing Address - <u>Print clearly</u>					City	State	Zip Code	
Applicant's e-mail address - <u>Print clearly</u>				★Applicant's Signature ** X			★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".