



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 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 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 your mailing address 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. AZ for Arizona). If born outside the United States use a two-letter country code (ex. CD for Canada or MX 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(es) 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 DES -Department of Economic DHS -Department of Health Services BPT -Board of Physical Therapy	ADOT -AZ Department of Transportation ADFI -AZ Department of Financial Institutions ABDE -AZ Board of Dental Examiners BTR -Board of Technical Registration
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PLEASE GO TO THE NEXT PAGE AND READ THE “NOTICE TO APPLICANT” INFORMATION



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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 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



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

APPLICATION NUMBER

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

Visit www.azdps.gov/services/fingerprint 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 original white copy only to DPS. Reproductions will not be accepted.

★Your Full Legal Name (Last, First, Middle)- <u>Print clearly</u>					Social Security Number [][]-[][]-[][][][]			Phone Number w/Area Code		
★Date of Birth M M 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 Department of Public Safety for the purpose of processing my application for a Fingerprint Clearance Card.										
<input type="checkbox"/> Fee is \$67.00 if paid employee or where fee is noted as *\$67.			<input type="checkbox"/> Fee is \$65.00 if volunteer or where fee is noted as **\$65.			Fee must be in the form of a <u>money order, cashier's check, check drawn on a business account</u> made payable to "DPS", or a <u>State of Arizona Companion Transaction Entry/Transfer</u> . Cash or personal checks are NOT acceptable forms of payment.				
<small>If you are aware the enclosed payment exceeds the amount due, and the overpayment is less than \$10.00, signing this application indicates your agreement to have the excess funds donated to the State General Fund. Fees are subject to change and are not refundable per A.R.S. § 41-1750(J).</small>										

Check the box(s) (maximum of 4) indicating why you are applying. Application cannot be processed without this information.

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| <ul style="list-style-type: none"> <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 *\$67 <input type="checkbox"/> State Board of Pharmacy-Licensure - ARS § 32-1904 *\$67 <input type="checkbox"/> State Board of Pharmacy-3rd 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 § 41-1967.01 *\$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-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"/> BPT - Physical Therapist & Assistants Licensure - ARS § 32-2022 *\$67 | <ul style="list-style-type: none"> <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 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-Controlling Person Certification - ARS § 32-122.05 <input type="checkbox"/> BTR-Alarm Agent Certification - ARS § 32-122.06 <input type="checkbox"/> AZ Game and Fish - ***ARS § 17-215 <input type="checkbox"/> AZ Schools for the Deaf & Blind-Superintendent ARS § 15-1330 *\$67 |
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