

**ARKANSAS DEPARTMENT OF HUMAN SERVICES  
DIVISION OF CHILD CARE & EARLY CHILDHOOD EDUCATION**

**FBI RECORD CHECK**

Note to users of this form: Please type or print all information! Illegible forms will not be processed! Fill out form completely. This form may be copied and shared.

**RETURN THE ORIGINAL COMPLETED FORM TO: YOUR CHILD CARE LICENSING SPECIALIST**

FACILITY REQUESTING CHECK AND REPORT	NAME OF LICENSING SPECIALIST REQUESTING THE CHECK
MAILING ADDRESS	TITLE COUNTY
CITY STATE ZIP	TELEPHONE NUMBER
FACILITY DIRECTOR & TELEPHONE NUMBER	DATE OF REQUEST

**TO BE COMPLETED BY THE PERSON TO BE CHECKED**

NAME OF PERSON TO BE CHECKED: \_\_\_\_\_  
(LAST NAME) (FIRST NAME) (MIDDLE NAME)

MAIDEN NAME: \_\_\_\_\_ ALIASES: \_\_\_\_\_

DOB: (    /    /    )                      SSN:    -    -                      RACE: \_\_\_\_\_  
MONTH DAY YEAR

DRIVER'S LICENSE #: \_\_\_\_\_ SEX: (MALE / FEMALE)                      TELEPHONE NUMBER: (    ) \_\_\_\_\_

COMPLETE ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP

PLACE OF EMPLOYMENT: \_\_\_\_\_

"I hereby authorize the Department of Human Services to conduct a criminal background check on myself through the Federal Bureau of Investigations."

\_\_\_\_\_  
SIGNATURE OF PERSON TO BE CHECKED                      DATE

PLEASE CHECK THE APPROPRIATE PLACE(S):

{ } DIVISION OF CHILD CARE & EARLY CHILDHOOD EDUCATION APPLICANT:

{ } CHILD CARE FACILITY EMPLOYEE                      { } OTHERS

{ } A COMPLETED FINGERPRINT CARD FD-258 AND A CHECK/MONEY ORDER OF \$19.25 ARE ATTACHED. (IF YOU ARE AN APPLICANT FOR A CHILD CARE LICENSE OR EMPLOYED IN A LICENSED FACILITY, WHO HAS LIVED IN ARKANSAS FOR LESS THAN SIX (6) YEARS, YOU ALSO NEED AN FBI CHECK. PLEASE ATTACH A COMPLETED FBI FINGERPRINT CARD (FD-258) AND A SEPARATE CHECK OF \$19.25 FOR THE FBI CHECK PAYABLE TO THE ARKANSAS STATE POLICE. ATTACH A SEPARATE CHECK FOR EACH PERSON.)

DO NOT WRITE BELOW THIS LINE / FOR ARKANSAS STATE POLICE ONLY