

ATN: \_\_\_\_\_

SID: \_\_\_\_\_

**RAPSHEET DISCLOSURE**  
**BUREAU OF CRIMINAL IDENTIFICATION AND INFORMATION**  
**P.O. BOX 66614 (MAIL SLIP A-6)**  
**BATON ROUGE, LA 70896**

Louisiana Bureau of Emergency Medical Services

AGENCY, BUSINESS OR INDIVIDUAL NAME

7273 Florida Boulevard

MAILING ADDRESS

Baton Rouge

LA

70806

CITY

STATE

ZIP CODE

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

**INCOMPLETE FORMS WILL NOT BE**  
**PROCESSED.**

APPLICANT NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

RACE: \_\_\_\_\_

SEX: \_\_\_\_\_

HEIGHT: \_\_\_\_\_

WEIGHT: \_\_\_\_\_

HAIR COLOR: \_\_\_\_\_

EYE COLOR: \_\_\_\_\_

BIRTH STATE: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

DRIVER LICENSE/ID: \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE: (For Bureau of Criminal Identification and Information Use Only)**

## CRIMINAL HISTORY DETERMINATION

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

**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.

RAPSHEET ATTACHED

RESPONSE BELOW