



REQUEST FOR REINSTATEMENT



Effective Date
7-2023

NOTICE: Information contained on this application is considered a public record and may be released under the Freedom of Information Act. Under penalty of A.C.A. § 5-53-103, knowingly giving a false statement or submitting a false document constitutes a Class A Misdemeanor.

PURSUANT TO A.C.A § 17-40-301, IT IS UNLAWFUL TO PERFORM ANY FUNCTION REQUIRING A LICENSE, CREDENTIAL OR COMMISSION UNTIL SAID LICENSE, CREDENTIAL OR COMMISSION HAS BEEN ISSUED TO THE APPLICANT.

NAME OF COMPANY _____ CMPY # _____

NAME _____
Last First MI

Employee Credential Number

SS#: _____ - _____ - _____ DOB: _____

SEX: _____ RACE: _____ HGT: _____ WGT: _____ EYES: _____ HAIR: _____

APPLICANT PHYSICAL ADDRESS: _____
Street/P.O. Box City County State/ZIP

APPLICANT MAILING ADDRESS: _____
Street/P.O. Box City County State/ZIP

DRIVER'S LICENSE: _____ HOME PHONE: (_____) _____
State Number

EMAIL ADDRESS: _____ CELL PHONE: (_____) _____

PLACE OF BIRTH: _____
City County State Country

***** PLEASE SUBMIT A CHECK OR MONEY ORDER ONLY *****

ALL APPLICANTS MUST HAVE A BACKGROUND CHECK. APPLICATION FEE AND BACKGROUND CHECK FEES MUST BE INCLUDED WITH THE SUBMISSION OF THIS APPLICATION.

STATE BACKGROUND CHECK FEE	FEE	\$22.00	CODE 82006
FEDERAL BACKGROUND CHECK FEE	FEE	\$11.25	CODE 80019
FEDERAL BACKGROUND/INA FEE	FEE	\$1.00	CODE 80011
FEDERAL BACKGROUND CHECK FEE	FEE	\$2.00	CODE 80006

TOTAL AMOUNT DUE \$36.25

PLACE AN "X" IN THE SQUARE NEXT TO THE TYPE OF CREDENTIAL FOR WHICH YOU DESIRE REINSTATEMENT.

- | | |
|---|---|
| <input type="checkbox"/> COMMISSIONED SCHOOL SECURITY OFFICER | <input type="checkbox"/> ALARM SYSTEMS TECHNICIAN |
| <input type="checkbox"/> COMMISSIONED SECURITY OFFICER | <input type="checkbox"/> ALARM SYSTEMS AGENT |
| <input type="checkbox"/> PRIVATE SECURITY OFFICER | <input type="checkbox"/> ALARM SYSTEMS APPRENTICE |
| <input type="checkbox"/> CREDENTIALLED PRIVATE INVESTIGATOR | <input type="checkbox"/> ALARM SYSTEMS MONITOR |

It is the desire of the company and its manager that the credential for this applicant be reinstated.

OWNER/MANAGER SIGNATURE _____ DATE _____

VERIFICATION AND AUTHORITY TO RELEASE

TO WHOM IT MAY CONCERN

Under penalty of A.C.A. § 5-53-103, I the undersigned hereby affirm that all information contained on this application is true and correct. I understand that giving a false statement or submitting a false document will subject me to criminal prosecution, preclude future Arkansas Private Investigator, Security, Alarm Installation, and Monitoring license, commission, or credential issuance, and/or immediate revocation of any license, commission, or credential already issued by the Department.

I understand that the Arkansas State Police will conduct a thorough background investigation before rendering a final decision regarding my eligibility for a License, Commission and/or Credential and this investigation may include, but not be limited to, inquiries as to my abilities, character, reputation, criminal record, and past employment record.

To facilitate this investigation, I do, hereby, give my consent and authority for any educational institution, hospital, mental institution, including specifically the Arkansas State Hospital and Veterans Administration Hospital, medical doctor, police agencies, the Arkansas Crime Information Center, Federal Bureau of Investigation, National Crime Information Center, Interstate Information Index, credit reporting agencies, former employers, and former business associates to furnish information from their records to the Arkansas State Police. I do, hereby, give my consent and authority that any information (including sealed or expunged criminal history) and/or evidence gathered or received by the aforementioned agencies may be submitted to any court, board, or commission in open hearing or court in any judicial or administrative proceeding.

With regard to any credit reporting agencies which might be contacted by the Arkansas State Police, I understand that I may inquire as to the identification of those credit reporting agencies contacted, and the Arkansas State Police will advise me as to the identity and the nature and scope of information they furnished.

PRINT FULL NAME: _____

SIGNATURE: _____ **DATE:** _____

APPLICANT RECORD NOTIFICATION

Notification: Fingerprints submitted will be used to check the criminal history records of the FBI.

Obtaining Copy: Procedures for obtaining a copy of FBI criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.30 through 16.33 or go to the FBI website at <http://www.fbi.gov/about-us/cjis/background-checks>.

Change, Correction, or Updating: Procedures for obtaining a change, correction, or updating of an FBI criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.

Privacy Act Statement

This privacy act statement is located on the back of the FD-258 fingerprint card.

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses.

Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

Rev. May 2019

THIS PROPERLY COMPLETED FORM MUST BE NOTARIZED.

STATE OF _____

COUNTY OF _____

Subscribed and sworn before me, a Notary Public, in and for the county and state aforesaid, this is the

_____ , 20____

Notary Signature