

**PLEASE TYPE OR PRINT CLEARLY:**

First Name:	Last Name:		
Driver's License #:	Driver's License State:		
Eye Color:	Hair Color:		
Height:	Weight:		
Citizenship (Circle One):			
United States	Canada	Mexico	Other

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.

As of 03/30/2018

**Right to Challenge Results**

If, after viewing your identification record, you believe that it is incorrect or incomplete in any respect and wish changes, corrections, or updating of the alleged deficiency, you should make application directly to the agency which contributed the questioned information. You may also direct your challenge as to the accuracy or completeness of any entry on your record to the Federal Bureau of Investigation, Criminal Justice Information Service (CJIS) Division, ATTN: SCU, Mod. D2, 1000 Custer Hollow Road, Clarksburg, WV 26303. The Federal Bureau of Investigation will then forward the challenge to the agency which submitted the information requesting that the agency verify or correct the challenged entry. Upon the receipt of an official communication directly from the agency which contributed the original information, the Federal Bureau of Investigation CJIS will make any changes necessary in accordance with the information supplied by that agency.

You have a reasonable time from the date you receive the results to provide the Office of the Arkansas Lottery (OAL) with a signed statement of intent to challenge the information. If you do not provide a signed statement to OAL Security Department within a reasonable time from the date you receive the results, OAL will assume the information is accurate. After OAL receives a signed statement of your intent to challenge, you will have a reasonable time to resolve any background check disagreements with the applicable law enforcement agency.

**Consent**

I give consent to any authorized representative of the Office of the Arkansas Lottery to obtain any information pertaining to my law enforcement record (including but not limited to, any record of charge, prosecution or conviction for criminal offenses). I authorize each law enforcement agency and the Federal Bureau Investigation to which this form is presented to release any results, upon request of the authorized requestors as described above.

Applicant

Signature: \_\_\_\_\_ Date: \_\_\_\_\_