

OFFICE OF THE ARKANSAS LOTTERY FINGERPRINT VERIFICATION FORM

ATTENTION FINGERPRINT TECHNICIAN:

Please follow the instructions below for fingerprinting this applicant.

1. Please fill out or ensure that the applicant has filled out all the required boxes on the fingerprint card prior to taking the fingerprints.
2. Request a valid, unexpired government-issued photo ID from the applicant and compare the physical descriptors on the applicant's photo ID to the applicant and to the information on the fingerprint card.
3. Fill out the information in the boxes below. Please print clearly.
4. Once the prints have been taken, place the fingerprint card, the ASP-122 form and this form into the envelope and seal it. **Please write your name or identification across the edge of the seal. Return the sealed envelope to the applicant. Do not give the applicant the card without first sealing it inside the envelope.**

I. Fingerprint Reason			
1. Agency ID AR 920617Z	2. Agency Name Office of the Arkansas Lottery		
II. Applicant Information: Type or clearly print answers to all fields before going to be fingerprinted			
1. Store Name (DBA)	2. Store Physical Address	3. Store Phone No.	
4a. Last Name	4b. First Name	4c. Middle Initial	4d. Suffix
5. Any Alternative Names or Aliases			
6. Date of Birth	7. Social Security Number		
8. Drivers License State and Number			
9. Address			
10. City	11. State	12. ZIP Code	
III. Technician Information: : Type or clearly print answers to all fields at the fingerprint site			
1. Date Printed	2. Name of Fingerprint Technician (PRINT)		
3. Fingerprint Technician Agency	4. Fingerprint Technician Signature		
5. Type of Photo ID provided (check one): <input type="checkbox"/> Driver's License <input type="checkbox"/> Other (Please Specify) <input type="checkbox"/> Passport			

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: _____