

PHYSICAL ADDRESS:
 400 SOUTH UNION STREET SUITE 395
 MONTGOMERY, ALABAMA 36104
 WEBSITE: www.fsb.alabama.gov



MAILING ADDRESS:
 P O BOX 309522
 MONTGOMERY, ALABAMA 36130
 PHONE: 334.242.4049
 FAX: 334.353.7988

**Alabama Board of Funeral Service
 APPLICATION FOR PERMANENT LICENSE**

THE APPLICATION FEE MUST ACCOMPANY THIS APPLICATION (All application fees are non-refundable)

APPLICANT IDENTIFYING INFORMATION

FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX	
MAILING ADDRESS		CITY	STATE	ZIP
PHYSICAL ADDRESS		CITY	STATE	ZIP
EMAIL ADDRESS		COUNTY OF RESIDENCE		
CONTACT NUMBER	DATE OF BIRTH	SOCIAL SECURITY NUMBER		

EDUCATION

LIST THE EDUCATIONAL INSTITUTIONS ATTENDED OR ATTENDING THAT SATISFY THE EDUCATIONAL REQUIREMENTS FOR LICENSURE AND INCLUDE A COPY OF YOUR HIGH SCHOOL DIPLOMA, MORTUARY SCHOOL OFFICIAL TRANSCRIPT, OR BACHELOR'S DEGREE (WHICHEVER IS APPLICABLE)

HIGH SCHOOL/GED INSTITUTION ATTENDED (INCLUDE CITY AND STATE)	GRADUATION DATE (MM/DD/YY)	
MORTUARY SCHOOL ATTENDED	DEGREE (OFFICIAL TRANSCRIPT REQUIRED)	GRADUATION DATE (MM/DD/YY)
SCHOOL FROM WHICH BACHELOR'S DEGREE OBTAINED (if applicable)	MAJOR	GRADUATION DATE (MM/DD/YY)

EXAMINATION INFORMATION

HAVE YOU PASSED THE NATIONAL BOARD EXAM (NBE) ADMINISTERED BY THE INTERNATIONAL CONFERENCE OF FUNERAL SERVICE EXAMINING BOARDS (ICFSEB) ?
 YES NO SECTION/MONTH/YEAR PASSED: _____

HAVE YOU PASSED THE STATE BOARD EXAM (SBE) ADMINISTERED BY THE INTERNATIONAL CONFERENCE OF FUNERAL SERVICE EXAMINING BOARDS (ICFSEB)?
 YES NO SECTION/MONTH/YEAR PASSED: _____

**You must have a certified copy of your NBE/SBE results sent to the Alabama Board of Funeral Service directly from ICFSEB.*

REGISTRATION(S) APPLYING FOR: CHECK ALL THAT APPLY

ALL FEES MAY BE INCLUDED IN ONE (1) CHECK, MONEY ORDER, OR CERTIFIED CHECK

FUNERAL DIRECTOR (\$200.00):	EMBALMER (\$200.00):
FUNERAL DIRECTOR BY RECIPROCITY (\$250.00)	EMBALMER BY RECIPROCITY (\$250.00)
FUNERAL DIRECTOR SPECIAL WORK PERMIT (\$25.00)	EMBALMER SPECIAL WORK PERMIT (\$25.00)
CREMATIONIST (\$100.00)	STATE LAW EXAM (\$50.00)
BACKGROUND CHECK FEE (\$38.25)	STATE FROM WHICH RECIPROCATING

OFFICE USE ONLY

RECEIVED	POSTED	CA,CK,CC,CCK,MO	POSTED BY	CONTROL NO. FD
				EMB
				CR
ISSUED	BOARD APPROVED	BACKGROUND	LRR	PERMANENT NO. FD
				EMB
				CR

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APPRENTICESHIP HISTORY

NAME OF ESTABLISHMENT		CONTACT NUMBER	
PHYSICAL ADDRESS	CITY	STATE	ZIP
NAME OF LICENSED SUPERVISING FUNERAL DIRECTOR		NAME OF SUPERVISING EMBALMER	
DATES OF TRAINING		DATES OF TRAINING	

PREVIOUSLY LICENSED IN OTHER JURISDICTIONS

IF YOU HAVE EVER BEEN LICENSED, CERTIFIED, OR REGISTERED IN ANOTHER STATE OR JURISDICTION TO PRACTICE IN THE PROFESSION FOR WHICH YOU ARE NOW MAKING APPLICATION COMPLETE THE INFORMATION REQUESTED BELOW. *UNDER STATUS, PLEASE NOTE IF THE LICENSE IS ACTIVE, EXPIRED, INACTIVE, OR LAPSED. (FAILURE TO DISCLOSE INFORMATION MAY RESULT IN AUTOMATIC DENIAL).

JURISDICTION(S)	TYPE OF LICENSE	LICENSE NUMBER	EFFECTIVE DATES OF LICENSURE	STATUS

CREMATORY OPERATOR, BLOODBORNE PATHOGEN AND UNIVERSAL PRECAUTIONS (IF APPLICABLE)

CREMATORY OPERATOR CERTIFICATION PROVIDER	LOCATION	DATE COMPLETED
CREMATORY OPERATOR TRAINING	AL COURSE NUMBER	DATE COMPLETED
BLOODBORNE PATHOGEN PROVIDER	AL COURSE NUMBER	DATE COMPLETED
UNIVERSAL PRECAUTIONS PROVIDER	AL COURSE NUMBER	DATE COMPLETED

PAST DISCIPLINARY ACTION

HAVE YOU EVER HAD ANY LICENSE OR REGISTRATION TO PRACTICE EMBALMING, FUNERAL DIRECTING OR CREMATION REVOKED, SUSPENDED, FINED, PLACED ON PROBATION, OR OTHERWISE DISCIPLINED IN THIS STATE OR ANY OTHER STATE OR JURISDICTION? **YES** **NO**

DO YOU HAVE ANY DISCIPLINARY ACTIONS PENDING? **YES** **NO**

HAVE YOU EVER VOLUNTARILY RELINQUISHED OR SURRENDERED A PROFESSIONAL LICENSE OR REGISTRATION TO PRACTICE EMBALMING, FUNERAL DIRECTING OR CREMATION WHILE UNDER INVESTIGATION OR AFTER INITIATION OF A DISCIPLINARY PROCEEDING AGAINST YOU OR THE LICENSE? **YES** **NO**

HAVE YOU EVER HAD ANY LICENSE/REGISTRATION APPLICATION TO PRACTICE FUNERAL SERVICES DENIED? **YES** **NO**

If you answered "yes" to any of the questions above, submit notices, orders, etc. from the appropriate regulatory board as well include a written statement/explanation relating to any disciplinary action.

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Alabama Board of Funeral Service
APPLICATION FOR PERMANENT LICENSE

CRIMINAL HISTORY

HAVE YOU EVER BEEN CONVICTED OF A MISDEMEANOR OR A FELONY IN THIS OR ANY OTHER STATE, LOCAL JURISDICTION, OR ANY OTHER FOREIGN COUNTRY, OR ARE CRIMINAL CHARGES CURRENTLY PENDING AGAINST YOU? YES NO

IF YES, ATTACH AN EXPLANATION THAT INCLUDES THE TYPE OF VIOLATION, THE DATE, CIRCUMSTANCES, LOCATION AND THE COMPLETE PENALTY RECEIVED. INCLUDE COPIES OF COURT DOCUMENTS, ARREST RECORDS, VERIFICATION OF RESTITUTION RECEIVED BY THE COURT, AND VERIFICATION OF SUCCESSFUL COMPLETION OF PROBATION. YOU MUST INCLUDE ALL MISDEMEANOR AND FELONY CONVICTIONS, REGARDLESS OF THE AGE OF THE CONVICTION INCLUDING THOSE WHICH HAVE BEEN SET ASIDE AND/OR DISMISSED. (TRAFFIC VIOLATIONS NEED NOT BE REPORTED)

CERTIFYING STATEMENT

I HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT I HAVE READ THIS APPLICATION IN ITS ENTIRETY. THE RESPONSES AND ATTACHED MATERIALS I HAVE PROVIDED ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. I FURTHER CERTIFY THAT I AM OF GOOD MORAL CHARACTER AND HAVE REVIEWED AND WILL ALWAYS COMPLY WITH ALL APPLICABLE STATE LAWS, RULES, AND REGULATIONS GOVERNING THE LICENSE I AM SEEKING TO OBTAIN. I HEREBY AUTHORIZE AND DIRECT ANY PERSON, AGENCY, FIRM, OR OTHER ENTITY TO RELEASE, UPON THE REQUEST OF THE ALABAMA BOARD OF FUNERAL SERVICE, ANY INFORMATION, COMMUNICATION, REPORT, RECORD, STATEMENT, RECOMMENDATION OR DISCLOSURE THAT MAY HAVE BEARING ON MY ELIGIBILITY FOR OR CONTINUANCE OF THE LICENSE FOR WHICH I AM APPLYING. I UNDERSTAND THAT BY SIGNING THIS APPLICATION I AM AUTHORIZING THE RELEASE OF INFORMATION ABOUT ME THAT MAY OTHERWISE BE PROTECTED OR CONFIDENTIAL. **AFFIDAVITS REQUIRED BY ALABAMA CODE 34-13-71, 34-13-91, AND 34-13-120.1 ARE ATTACHED HERETO AND MADE A PART OF THIS APPLICATION. (NOT REQUIRED FOR LICENSURE BY RECIPROCITY).**

I HEREBY APPLY FOR LICENSE FOR THE FISCAL YEAR ENDING OCTOBER 1, 20____ AND IN SUPPORT OF SUCH APPLICATION SUBMIT AND ATTEST TO THE INFORMATION AND DATA SUPPLIED HEREWITH. I ALSO ATTACH HEREWITH THE REQUIRED APPLICATION FEE I HAVE READ AND UNDERSTAND THE PROVISIONS OF TITLE 34, CHAPTER 13, CODE OF ALABAMA 1975, AND ADMINISTRATIVE CODE 395, WHICH GOVERNS THE ISSUANCE AND MAINTENANCE OF THE LICENSE REQUESTED.

I UNDERSTAND THAT ANY FALSE STATEMENT GIVEN HEREIN WILL SUBJECT MY LICENSE TO DENIAL OR REVOCATION

(PRINT NAME)

(SIGNATURE)

SUBSCRIBED AND SWORN TO BEFORE ME, A NOTARY IN THE STATE OF ALABAMA THIS _____ DAY OF _____, 20_____.

SEAL

NOTARY PUBLIC

MY COMMISSION EXPIRES

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ALABAMA BOARD OF FUNERAL SERVICE

CHECK TO THE APPROPRIATE SECTION FOR US CITIZEN OR NON-CITIZEN, AND CHECK THE DOCUMENT THAT YOU ARE SUBMITTING TO PROVE US CITIZENSHIP OR LAWFUL PRESENCE IN THE US

- I am a United States (US) Citizen. I am submitting the attached copy of my document to prove citizenship/legal presence:
- Alabama Driver's License or Identification issued by Department of Public Safety
- Driver's License from other state that required proof of lawful presence
- Birth Certificate indicating US birth
- Valid US Passport
- A valid Uniformed Services Privileges and Identification Card
- Naturalization documents
- Certificate of citizenship
- Bureau of Indian Affairs identification
- I am NOT a United States Citizen. The copy of the document(s) to prove legal presence I am submitting (and attached to this checklist) is as follows::
- I-551 Permanent Resident Card (copy front and back)
- I-766 Employment Authorization Card (copy front and back)
- Other: (Explain)

IMMIGRATION:

Act No. 2011-535 as amended by Act No. 2012-491 and now codified as Section 31-13-1, et seq., of the Code of Alabama 1975 is referred to as Alabama's Immigration Law or the Beason-Hammon Act and imposes certain requirements on persons applying for or renewing a professional license. Specifically, Section 31-13-29 of the Code of Alabama 1975 requires that applicants applying for or renewing a professional license must demonstrate his or her United States citizenship, or if not a United States Citizen, his or her lawful presence in the United States. The Immigration Law also provides that a citizen shall not be required to demonstrate citizenship for subsequent transactions. Please see below for two lists of documents, one to demonstrate a person's United States citizenship or the other to demonstrate lawful presence in the United States. You must select your appropriate status, choose the appropriate document(s) from the list of documents, include a copy of the selected document(s) with this form and submit it with your application.

I CERTIFY UNDER PENALTY OF PERJURY THAT ALL REPRESENTATIONS MADE ON THIS FORM AND ATTACHMENTS ARE TRUE AND ACCURATE.

NAME: _____

SIGNATURE: _____

Please Type or Print in Ink

AFFIDAVIT
(TWO REQUIRED)

(In Support of Application for Initial Licensing as Embalmer)

To: THE ALABAMA BOARD OF FUNERAL SERVICE

Applicant Name: _____
(First) (Middle) (Last)

Physical Residence Address: _____
(Address) (City, State, Zip, Telephone Number)

Business Address: _____
(Address) (City, State, Zip, Telephone Number)

The following affidavit is submitted in support of my first original License as EMBALMER under section 34-13-91, Code of Alabama, 1975.

TO BE EXECUTED BY LICENSED EMBALMER

I depose and say that I have known _____ for _____ years
(Name of Applicant)

and have personal knowledge of this person's good character and reputation. This applicant has to my knowledge and observation satisfactorily performed the duties of Apprentice EMBALMER for _____ years at the following establishments for the periods shown:

_____ (Establishment Name)	_____ (City)	FROM	_____ (Dates)	TO
_____ (Establishment Name)	_____ (City)	FROM	_____ (Dates)	TO
_____ (Establishment Name)	_____ (City)	FROM	_____ (Dates)	TO

I have been and am currently licensed as an Embalmer in Alabama. My Alabama License No. is _____.

I UNDERSTAND THAT ANY FALSE STATEMENT GIVEN HEREIN WILL SUBJECT MY ALABAMA LICENSE AS EMBALMER TO DENIAL OR REVOCATION.

(Printed name of licensed Embalmer)

(Signature of Licensed Embalmer)

(Address) (Telephone No.)

Subscribed and sworn to before me, a Notary in the State of Alabama this ____ day of _____, 20 ____.

Notary Public

Seal

My Commission expires _____.

Please Type or Print in Ink

**AFFIDAVIT
(TWO REQUIRED)**

(In Support of Application for Initial Licensing as Funeral Director)

To: THE ALABAMA BOARD OF FUNERAL SERVICE

Applicant Name: _____
(First) (Middle) (Last)

Physical Residence Address: _____
(Address) (City, State, Zip, Telephone Number)

Business Address: _____
(Address) (City, State, Zip, Telephone Number)

The following affidavit is submitted in support of my first original License as FUNERAL DIRECTOR under section 34-13-71, Code of Alabama, 1975.

TO BE EXECUTED BY LICENSED FUNERAL DIRECTOR

I depose and say that I have known _____ for _____ years
(Name of Applicant)

and have personal knowledge of this person's good character and reputation. This applicant has to my knowledge and observation satisfactorily performed the duties of Apprentice FUNERAL DIRECTOR for _____ years at the following establishments for the periods shown:

_____ (Establishment Name)	_____ (City)	FROM	_____ (Dates)	TO
_____ (Establishment Name)	_____ (City)	FROM	_____ (Dates)	TO
_____ (Establishment Name)	_____ (City)	FROM	_____ (Dates)	TO

I have been and am currently licensed as a Funeral Director in Alabama. My Alabama License No. is _____.

I UNDERSTAND THAT ANY FALSE STATEMENT GIVEN HEREIN WILL SUBJECT MY ALABAMA LICENSE AS FUNERAL DIRECTOR TO DENIAL OR REVOCATION.

(Printed name of Licensed Funeral Director)

(Signature of Licensed Funeral Director)

(Address) (Telephone No.)

Subscribed and sworn to before me, a Notary in the State of Alabama this _____ day of _____, 20_____.

Seal

Notary Public
My Commission Expires _____.

Please Type or Print in Ink

AFFIDAVIT

(In Support of Application for Initial Licensing as Cremationist)

To: THE ALABAMA BOARD OF FUNERAL SERVICE

Applicant Name: _____
(First) (Middle) (Last)

Physical Residence Address: _____
(Address) (City, State, Zip, Telephone Number)

Business Address: _____
(Address) (City, State Zip, Telephone Number)

The following affidavit is submitted in support of my first original License as CREMATIONIST under section 34-13-120.1, Code of Alabama, 1975.

TO BE EXECUTED BY A CREMATORY OWNER

I depose and say that I have known _____ for _____ years
(Name of Applicant)

and have personal knowledge of this person's good character and reputation. This applicant has to my knowledge received adequate training to perform the duties of a CREMATIONIST.

I am currently the owner of the above stated establishment that is licensed by the Alabama Board of Funeral Service. I UNDERSTAND THAT ANY FALSE STATEMENT GIVEN HEREIN WILL SUBJECT MY ALABAMA ESTABLISHMENT LICENSE TO DENIAL OR REVOCATION.

(Signature of Crematory Owner)

(Address) (Telephone No.)

Subscribed and sworn to before me, a Notary in the State of Alabama this _____ day of _____, 20_____.

Seal

Notary Public

My Commission expires _____

APPLICATION TO REVIEW ALABAMA CRIMINAL HISTORY RECORD INFORMATION



PERSONAL INFORMATION

Full Name (First, Middle, Last, Suffix): Sex/Gender: Male Female

Aliases/Nickname:

Applicant Current Address:

City: State: Zip Code: SSN:

Date of Birth: (MM/DD/YYYY) Driver's License Number: Issuing State:

Race: White Black Asian Indian Other (please specify)

Home Phone: Mobile Phone: Work Phone:

WORK INFORMATION

Employer Name: Employer Phone:

Contractor Name: Contractor Phone:

State Agency: Agency Phone:

Work Email Address:

Job Role/Classification: Supervisor Name:

Included with my Release are the following items:

- Completed Application signed by applicant and two witnesses OR notarized.
The required copy of my valid photoidentification.
A classifiable copy of my own fingerprints taken by an authorized law enforcement agency as required.
If applying for state employment/licensure/certification, reference that agency's fee requirements for a background check.
PERSONAL REQUESTS ONLY: The required \$25.00 administrative fee (must be in the form of a money order or Cashier's check made payable to the ALEA, Criminal Records and Identification Unit).

AFFIDAVIT FOR RELEASE INFORMATION

I hereby authorize the Alabama Law Enforcement Agency to release any and all criminal history information to: ALABAMA BOARD OF FUNERAL SERVICE, 400 SOUTH UNION STREET SUITE 395, MONTGOMERY, AL 36104

Name & Address of Requesting Agency or Authorized Agent*

I, the above referenced individual, hereby request to release any and all criminal history record information (CHRI) maintained by both the Alabama Law Enforcement Agency, the Federal Bureau of Investigation, and any information relating to my past record and character whether it be financial, academic, military, employment, judicial, or personal reference. I hereby release all parties contributing such information from any charges or liability whatsoever because of furnishing said information. By signing below and submitting this application, I hereby verify that the information listed in my application and in the attached documentation is correct. I also acknowledge that I understand that, in accordance with Section 41-9-601 of the Code of Alabama 1975, that any person who willfully requests, obtains or seeks to obtain criminal offender record information under false pretenses, or who willfully communicates or seeks to communicate criminal offender record information to any agency or person without authorization, may be guilty of a felony, and shall be fined not less than \$5,000 nor more than \$10,000 or imprisoned in the state penitentiary for not more than five years or both. § 41-9-601, Code of Ala. (1975). Furthermore, as set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34 I have the right to challenge or appeal any portion of my state and/or federal CHRI that I believe to be inaccurate (see "Appendix A" for contact information).

Applicant Signature Date

Name of Witness Name of Witness

Address of Witness Address of Witness

City, State and Zip City, State and Zip

Sworn to and subscribed before me this ___ day of ___, 20__.

Notary Signature My Commission Expires ___, 20__.

FOR ALEA OFFICIAL USE ONLY: TCN: SID: AL Billed: Paid: No Charge: Check#: Background Check Qty: Total: \$ Certified Letter Qty: Total: \$

Background Checks

The *Code of Alabama 1975, Title 34 Section 13* requires a Criminal History Background Check be conducted for applicants as listed below:

	License/Certification	Code of AL, 1975
	Reciprocal Funeral Director and/or Embalmer License	§ 34-13-51
	Funeral Director License	§ 34-13-70
	Embalmer License	§ 34-13-91
	Cremationist License	§ 34-13-120.1
	Apprentice Funeral Director and/or Embalmer Certification	§ 34-13-130

The applicant must submit the following items to complete the criminal history background check:

- Completed “ALEA Application” signed by applicant and **two witnesses OR notarized.**
- The required copy of a valid photo identification.
- A classifiable copy of your own fingerprints taken by an authorized law enforcement agency as required on an FBI “Applicant” Fingerprint Card (i.e. blue card). Containing the Alabama Board of Funeral Service ORI number 920052Z. (Fingerprint cards may be obtained from the Board of Funeral Service or your local police department (it must be the card for a federal background check)). **TWO SETS**
- Send ONLY the \$38.25* Fee payable to “Alabama Board of Funeral Service” for the Background Check!***
****The \$25.00 fee on the Background Check Application does not apply!***

AEL BACKGROUND CHECK APPLICATIONS AND FINGERPRINT CARDS ARE TO BE MAILED TO THE ALABAMA BOARD OF FUNERAL SERVICE AT:

**P.O. BOX 309522
MONTGOMERY, AL 36130**

Do not mail Background Check Applications directly to ALEA. They will be returned to the applicant by ALEA.

NOTICE OF PRIVACY DISCLOSURE STATEMENT**DISCLOSURE STATEMENT:**

The following disclosure statement is to inform you of your rights as an applicant who is the subject of a criminal history record check for noncriminal justice purposes (licensure, certification, renewal, immigration, naturalization, security clearance, or adoption, etc.) pursuant to the Privacy Act of 1974, Title 5, U.S.C., Section 552a, and Title 28, CFR, Section 50.12.

_____, hereby authorize the **ALABAMA BOARD OF FUNERAL SERVICE**
 _____, **Print Name** **Authorized Recipient**
 to request and be the recipient of my criminal history information, to determine my suitability for licensure.

The fingerprints will be utilized to conduct a national and state criminal background check. The Authorized Recipient (AR) will obtain any and all criminal history information from the FBI and/or Alabama Law Enforcement Agency (ALEA).

If you have an incomplete and/or inaccurate criminal history record, employment will not be denied until the applicant has been afforded a "reasonable time" to correct or complete the record or has declined to do so.

The AR will use the criminal history record solely for the purpose requested and cannot disseminate the record outside the receiving department, related agency, or other authorized entity.

If agency policy permits, the AR may provide a copy of your federal/state criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, as set forth in Title 28 CFR, Section 16.34, applicant may challenge or appeal any portion of his/her own criminal history record information (CHRI) that he/she believes to be incomplete or inaccurate by contacting the Criminal Records & Identification Unit within ALEA at 334-517-2450.

PRIVACY ACT STATEMENT:

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 regulations, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Social Security Account Number (SSAN). Your SSAN is needed to keep records accurate because other people may have the same name and birth date. Pursuant to the Federal Privacy Act of 1974 (5 USC 552a), the requesting agency is responsible for informing you whether disclosure is mandatory or voluntary, by what statutory or other authority your SSAN is solicited, and what uses will be made of it. Executive Order 9397 also asks Federal agencies to use this number to help identify individuals in agency records.

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.

Additional Information: The requesting agency and/or the agency conducting the application-investigation will provide you additional information pertinent to the specific circumstances of this application, which may include identification of other authorities, purposes, uses, and consequences of not providing requested information. In addition, any such agency in the Federal Executive Branch has also published notice in the Federal Register describing any system(s) of records in which that agency may also maintain your records, including the authorities, purposes, and routine uses for the system(s).

Our Notice of Privacy Disclosure Statement provides information about how we may use and disclose federal/state criminal history record information about you. By signing this receipt, you acknowledge that you have reviewed, or have been given the opportunity to review, our Notice of Privacy Disclosure Statement.

Signature

Date

APPLICATION TO CHALLENGE

Alabama Criminal History Record Information



Appendix A

An individual may Challenge or Appeal any portion of his or her own Criminal History Record Information (CHRI) maintained by the ALEA Criminal Records and Identification Unit that he or she believes to be **inaccurate**. To submit a challenge regarding criminal history record information (CHRI) provided by the Alabama Law Enforcement Agency, Criminal Records and Identification Unit. Please complete the steps described below and mail this form and all supporting documentation to:

ALEA Criminal Records and Identification Unit – P.O. Box 1511 – Montgomery, AL 36102-1511 – ATTN: Record Challenge.

Failure to properly complete the form or provide the appropriate documentation, may cause a delay in processing your request.

I, _____, wish to challenge my Alabama CHRI provided to me by the Alabama Law Enforcement Agency Criminal Records and Identification Unit on ____/____/____.

- **I understand that I must return this challenge form, along with the documentation required below, to the ALEA Criminal Records and Identification Unit no later than one year in order to challenge this information under this request.** I further agree and understand that I must submit a new Request to Review or Challenge my criminal history record information in accordance with the procedure established by the Alabama Justice Information (AJI) Commission should I wish to challenge my Alabama criminal history after that date.
- I understand that I must provide below or ATTACH IN WRITING TO THIS FORM the following information regarding EACH arrest and/or disposition I am challenging before my challenge can be reviewed or processed by the ALEA Criminal Records and Identification Unit. I also understand that I should attach copies of the official documentation from the arresting agency or court (if applicable) to support each arrest or disposition being challenged.
- I understand that my challenge will be reviewed by an ALEA Criminal Records and Identification Unit official, along with the documentation provided. I also understand that my challenge may also be sent to the originating criminal justice agency with custody over the challenged information for their review, and that this process may take several weeks or longer to complete.

Please list the SPECIFIC charge, date, and Arresting Agency/Court for each arrest or disposition being challenged:		
DATE	AGENCY	ARREST CHARGE/DISPOSITION CHALLENGED
1.		
2.		
3.		
4.		
5.		

Please also provide the following details:

- A. The details related to why each specific arrest or disposition listed above is inaccurate:**

- B. The information believed to be correct information for each arrest or disposition being challenged:**

- C. The agency and/or court where I obtained what I believe to be the correct supporting information (if applicable) from is:**

Signature: _____ Date: _____

Applicant Instructions

For completing the ALEA Application to Review Alabama Criminal History Record Information or to Challenge Alabama Criminal History Record Information



Appendix B

In order for your request to review, challenge or appeal your Alabama Criminal History Record Information to be processed by the Alabama Law Enforcement Agency (ALEA), **you must complete the ALEA Application to Review (SBI Form 46) or to Challenge Alabama Criminal History Record Information (SBI Form 46 Appendix A) in accordance with the following instructions:**

- 1. Your application must include ONE COPY of at least one of the following forms of your own valid photo identification:**
 - a. A valid unexpired United States state-issued photo driver license or photo ID (non-driver) card;
 - b. A valid unexpired United States Citizenship and Immigration Service Document, which may include either:
 - i. Certificate of Naturalization N-550
 - ii. Replacement Certificate of Naturalization N-570
 - iii. Special Certificate of Naturalization N-578
 - iv. Certificate of Citizenship N-560
 - v. Replacement Certificate of Citizenship N-561
 - vi. Certificate of Citizenship (Posthumous) N-645, N-645A
 - c. A valid unexpired United States Passport; or
 - d. A valid unexpired Foreign Passport which meets the following requirements:
 - i. A foreign passport must contain a Valid United States Visa or I-94 to be used as a primary proof of identification; or
 - ii. A foreign passport, not issued in English, must be translated and accompanied by a Certificate of Accurate Translation. Passports are not acceptable if un-translated into English and/or expired.
- 2. Your application must include the required \$25.00 administrative fee in the form of only a cashier's check or a money order made payable to the "Criminal Records & Identification Unit" (sorry – personal and/or business checks are not accepted).; and**
- 3. Your application must include a classifiable set of your own fingerprints, taken by an authorized law enforcement agency with an FBI-issued Originating Agency Number (ORI).**
 - a. The fingerprints accompanying your application should be provided to ALEA on an official FBI-approved "Applicant" fingerprint card or an FBI-approved AFIS printout of an official "Applicant" fingerprint card (i.e., FBI blue card). This ensures positive identification and ensures that the proper criminal record is reviewed.
 - b. Details for the fingerprinting agency may be found in APPENDIX C.
- 4. Your completed request and all of the required documentation should be mailed to:**

Alabama Law Enforcement Agency
Criminal Records and Identification Unit
ATTN: Background Checks
P.O. Box 1511
Montgomery, Alabama 36102-1511
- 5. If your application is to CHALLENGE any part of your CHRI maintained by ALEA, the application must include, at a minimum:**
 - a. A copy of the Alabama Criminal History Record being challenged;
 - b. The charge and DATE of each specific arrest or disposition being challenged;
 - c. The Name of the ARRESTING AGENCY OR COURT for each arrest or disposition being challenged;
 - d. A listing of each specific arrest or disposition being challenged;
 - e. The details related to why each specific arrest is inaccurate;
 - f. What the applicant believes to be the correct information for each arrest or disposition being challenged;
 - g. Where the applicant obtained what he/she believes to be the correct supporting information (if applicable); and
 - h. Official documentation from the arresting agency or court (if applicable) to support each arrest or disposition being challenged.
- 6. Your completed request and all of the required documentation should be mailed to:**

Alabama Law Enforcement Agency
Criminal Records and Identification Unit
ATTN: Record Challenge
P.O. Box 1511
Montgomery, Alabama 36102-1511

Please allow a minimum of 4-5 weeks from the date the application is received by ALEA for ALEA to process your request for review. Requests to Challenge CHRI information do NOT fall under this timeframe, as they require additional research, contact and verification with the arresting agencies, etc. If you have any questions concerning this procedure, you may contact ALEA by calling 334-517-2450 or 1-866-740-4762.

Instructions for Law Enforcement Official

Taking the applicant's fingerprints on FBI "Applicant" Fingerprint Card

FD-258 (Rev 12-10-07)



Appendix C

In accordance with Alabama law and the procedures established in Section 265-X-2 of the *Alabama Administrative Code*, individual citizens may request and may be provided with classifiable sets of their own fingerprints to accompany a request for his/her own Alabama Criminal History Record Information (CHRI) from the Alabama Law Enforcement Agency (ALEA).

One of the requirements for an individual to request their own criminal history record information is that the individual to provide ALEA with a classifiable set of his or her own fingerprints (taken by an authorized law enforcement agency with an FBI-issued ORI) with his or her application to Review or Challenge his or her own Alabama criminal history. This ensures positive identification and insures that the proper criminal record is reviewed and/or challenged.

1. **The individual you are fingerprinting should provide proper identification to your agency upon request.**
2. **The individual's fingerprints should be taken by law enforcement on an FBI "Applicant" Fingerprint Card (i.e. blue card).** Please ensure that your agency's name and ORI, AND your name and telephone number, are included on the completed fingerprint card. A sample of the FBI "Applicant" Fingerprint Card FD-258 (Rev 12-10-07) for your reference purposes is provided below.

APPLICANT (Type in black ink)

LAST NAME: _____ FIRST NAME: _____ MIDDLE NAME: _____

ALIAS: AKA _____

RESIDENCE OF PERSON FINGERPRINTED: _____

CITIZENSHIP: CTZ _____ SEX: _____ HAIR: _____ EYES: _____ TENDRILS: _____

DOB: _____ PLACE OF BIRTH: _____

UNIVERSAL CONTROL NO. / UCN: _____

ARMED FORCES NO. / AFN: _____ CLASS: _____

SOCIAL SECURITY NO. / SOC: _____ REF: _____

MISCELLANEOUS NO. / MN: _____

J. IS THUMB K. IS INDEX L. IS MIDDLE M. IS RING N. IS LITTLE

O. IS THUMB P. IS INDEX Q. IS MIDDLE R. IS RING S. IS LITTLE

LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY

1110-0046

**FEDERAL BUREAU OF INVESTIGATION
UNITED STATES DEPARTMENT OF JUSTICE
CJIS DIVISION/CLARKSBURG, WV 26306**

APPLICANT

THIS CARD FOR USE BY:

1. LAW ENFORCEMENT AGENCIES IN FINGERPRINTING APPLICANTS FOR LAW ENFORCEMENT POSITIONS.*
2. OFFICIALS OF STATE AND LOCAL GOVERNMENTS FOR PURPOSES OF EMPLOYMENT, LICENSING, AND PERMITALS AS AUTHORIZED BY STATE STATUTES AND APPROVED BY THE ATTORNEY GENERAL OF THE UNITED STATES. LOCAL AND COUNTY GOVERNMENTS, UNLESS SPECIFICALLY EXEMPTED BY APPLICABLE STATE STATUTES DO NOT SATISFY THIS REQUIREMENT.**
3. U.S. GOVERNMENT AGENCIES AND OTHER ENTITIES REQUIRED BY FEDERAL LAW**
4. OFFICIALS OF FEDERALLY CHARTERED OR INSURED BANKING INSTITUTIONS TO PROMOTE OR MAINTAIN THE SECURITY OF THOSE INSTITUTIONS.

*Please advise the individual to whom the assembled processing of full body and fingerprint submissions is being prepared delays or expenses. **This card is for submission to the FBI Customer Service Group (CSG) and should be submitted to the FBI Customer Service Group (CSG) via e-mail to identity@ic.fbi.gov. (See page 4 for details on the fingerprint submission process.)

1. LOOP

THE LINES BETWEEN CENTER OF LOOP AND DELTA MUST SHOW

2. WHORL

THESE LINES RUNNING BETWEEN DELTAS MUST BE CLEAR

3. ARCH

ARCHES HAVE NO DELTAS

Do not use highlights on fingerprint cards.
Do not use ink on fingerprint cards.
Do not use highlights on the fingers.
Do not use ink on the fingers.
Do not use ink on the fingers.
Do not use ink on the fingers.
Do not use ink on the fingers.

PRIVACY ACT STATEMENT

PAPEWORK REDUCTION ACT NOTICE

INSTRUCTIONS:

1. FPRINTS MUST GENERALLY BE CHECKED THROUGH THE APPROPRIATE STATE IDENTIFICATION BUREAU AND ONLY THOSE FINGERPRINTS FOR WHICH NO CREDENTIAL RECORD HAS BEEN FOUND LOCALLY SHOULD BE SUBMITTED FOR FBI SEARCH.
2. IDENTITIES OF PRIVATE CONTRACTORS SHOULD BE SHOWN IN SPACE 11 (NAME) AND ADDRESS IF THE CONTRIBUTOR IS THE NAME OF THE AGENCY SUBMITTING THE FINGERPRINT CARD TO THE FBI.
3. MISCELLANEOUS NO. 1 (RECORDED) OTHER AQUIRED FOREIGN NO. (PASSPORT NO.) (P) ALIEN REGISTRATION NO. (APR), PORT SECURITY CARD NO. (P) SELECTIVE SERVICE NO. (S) VETERANARY ADMINISTRATION CLAIM NO. (CP)

3. **Please return the completed fingerprint card to the applicant**, as it is the APPLICANT's responsibility to mail the completed CHRI Release Form (SBI Form 46), along with his/her own fingerprint card and the other required documents. See SBI Form 46 Appendix B for mailing instructions.
4. **If you have any questions**, please call ALEA at 334-517-2450 or 1-866-740-4762. **To request blank FBI APPLICANT cards**, your law enforcement agency may contact the FBI Customer Service Group, CJIS Division Biometric Section at (304) 625-5590 or by e-mail at identity@ic.fbi.gov.