



ALABAMA SECURITY REGULATORY BOARD

2777 Zelda Road
Montgomery, AL 36106

QUALIFYING AGENT / GUARD LICENSE CHECKLIST

- Cover Letter identifying the Contract Security Company the Applicant will be a Qualifying Agent for.

- ASRB **PERSONAL LICENSE APPLICATION*** (check the Qualifying Agent box)
 - 2 ea. Recent color pictures, separated, passport-style. **No photo required for Renewal**
 - Military Separation documents if applicable (DD-214 or equivalent)
 - Proof of Age/Citizenship (copy of a current state-issued driver's license/non-driver I.D is sufficient)

- ASRB **AUTHORIZATION FOR RELEASE OF INFORMATION***

- ASRB **CERTIFICATION OF EXPERIENCE/TRAINING***

- CRIMINAL HISTORY INFORMATION RELEASE FORM*** (ALEA Form)

- 2 ea. **APPLICANT** fingerprint cards fingerprints of applicant

Cashier's Checks/Money orders or a Check from a Board-Licensed Contract Security Company for the following amounts;

- \$87.00: Qualifying Agent (\$25.00 Late fee; Replacement fee \$10.00)

Submit all forms and checks to the Board at: Alabama Security Regulatory Board
2777 Zelda Road
Montgomery, AL 36106
www.asrb.alabama.gov



ALABAMA SECURITY REGULATORY BOARD

Qualifying Agent / Guard Application

2777 Zelda Road

Montgomery, AL 36106

FOR BOARD USE ONLY

BY: _____ Approved

DATE: _____ Denied

Qualifying Agent certification \$87.00. Check made payable to ASRB Submit: 2 color photographs (passport size). Photographs must show the subject in a frontal portrait. License Renewal no photos are required.

NOTICE: This application must be typed or legibly printed in blue or black ink. All applicable questions must be answered. Indicate not applicable questions by entering "N/A" (not applicable) in the proper field.

Incomplete applications and applications that are not legible will be returned without consideration.

If space provided is not sufficient for complete answers, attach additional sheets as necessary. Number each answer to correspond with the question being answered.

This Application is for:
[] New License
[] License Renewal License #: _____

License/Certifications Applied for: Qualifying Agent Certification / Security Guard License

1. PERSONAL INFORMATION

Full Name (LAST, First, Middle) Date of Birth (MM/DD/YYYY)

Social Security Number Race Sex Height Weight Eyes Hair Place of Birth (City, ST)

Aliases (any other name you have been known by; e.g., Maiden Name, Married Name, etc... [DO NOT INCLUDE CASUAL NICKNAMES])

Home Phone Cell Phone E-Mail

Licensed Security Company Currently Working For: (MANDATORY) Co. Lic #: (if available)

2. RESIDENCES

Current Residence (Street Address, City, ST, ZIP) How Long?

LIST ALL PRIOR RESIDENTIAL ADDRESSES FOR THE PAST 10 YEARS (Street Address, City, ST, and ZIP). Use additional sheets if needed. How Long? A B C D

3. MILITARY SERVICE

Have You ever Served in the Military? From To Type of Discharge
[] No [] Yes (answer questions to the right)

If "Yes": include a copy of you Separation Document(s) (e.g., DD Form 214) with your application to the Board.

4. EMPLOYMENT

STARTING WITH THE MOST RECENT, LIST ALL EMPLOYMENT FOR THE PAST 10 YEARS (including part-time employment). All time must be accounted for. If unemployed for any time indicate by entering "Unemployed" in the 'Employer' field and enter the dates of unemployment. Use Additional Sheets if needed.

Employer Name, Address, & Telephone #	Dates		Position/Type of Work	Name of Supervisor	Reason for Leaving
	From	To			
A					
B					
C					
D					
E					

5. CRIMINAL HISTORY

Have You ever been arrested or charged with any violation (including traffic citations and UCMJ violations), misdemeanor, or felony? No Yes
 (If 'Yes' provide details below, even if not formally charged, found 'Not Guilty', or if the charge was settled by payment of a fine or by pre-trial diversion)

Date	Jurisdiction	Charge	Final Disposition	Details (Use additional sheet if needed)

6. REFERENCES

LIST THE NAME, ADDRESS AND TELEPHONE NUMBER OF 3 UNRELATED AND DISINTERESTED PERSONS TO BE USED AS REFERENCES FOR BOARD INQUIRIES ABOUT YOUR STANDING, REPUTATION, AND CHARACTER.

1	
2	
3	

7. AFFIRMATION OF UNDERSTANDINGS

By signing this form, I affirm that I understand the following;

1. Licensure with the Alabama Security Regulatory Board (the Board) is a privilege, not a right, and my license may be revoked for violation of any law, rule, or regulation deemed relevant by the Board.
2. Making false statements to or providing false information to the Board is grounds for denial/revocation of licensure.
3. After I submit this application, I may work as a Security Officer or Armed Security Officer until the Board notifies me of either an approval or denial of personal licensure which will occur within a reasonable time following receipt of my application.
4. The Board will conduct a comprehensive background investigation to include a criminal history check and may include additional checks and verifications as determined by the Board.
5. I must keep Temporary License at the bottom of this page on my person at all times that I am performing any service or activity regulated by the Board until the Board either issues or denies my Personal License.
6. If the Board denies my Personal License, I must immediately stop performing any services or activities regulated by the Board upon receipt of notification of license denial.
7. If the Board denies personal licensure, I can appeal the denial decision to the Board following the procedures on the Alabama Administrative Procedures Act.
8. I must comply with all relevant laws, as well as all rules and regulations promulgated by the Board at all times when performing any activity regulated by the Board.

8. MANDATORY SWORN DECLARATIONS

By signing below, I certify and declare that;

1. I am 21 years of age or older if applying for an Armed Security Officer License, or 18 years of age or older if applying for a Security Officer License. (ATTACH PROOF OF AGE)
2. I am a citizen of the United States or a resident alien. (ATTACH PROOF OF CITIZENSHIP OR PROOF OF RESIDENT ALIEN STATUS)
3. I have never been convicted in any jurisdiction of the United States of any Felony or crime involving Moral Turpitude for which a full pardon has not been granted.
4. I have never been declared, by any court of competent jurisdiction, incompetent by reason of mental defect or disease, and competency has not been restored.
5. I am not suffering from habitual drunkenness or from narcotics addiction or dependence.
6. All information I have provided to the Board is true and accurate.

By signing this document the applicant affirms under penalty of perjury that the information provided is factually truthful.

STATE OF ALABAMA, COUNTY OF _____

SUBSCRIBED AND SWORN TO BEFORE ME THIS

_____ DAY OF _____, _____

NOTARY PUBLIC

MY COMMISSION EXPIRES: _____

APPLICANT SIGNATURE

DATE

RECEIVED:

REVIEWED:

CRIMINAL HISTORY REC'D:

-X-----CUT-----X-----CUT-----X-----CUT-----X-----

The person identified on this Temporary License has completed and signed an ASRB Personal License Application to be submitted to the Board.

STATE OF ALABAMA, COUNTY OF _____

SUBSCRIBED AND SWORN TO BEFORE ME THIS

_____ DAY OF _____, _____

NOTARY PUBLIC

MY COMMISSION EXPIRES: _____

F
O
L
D

ALABAMA SECURITY REGULATORY BOARD TEMPORARY PERSONAL LICENSE

Print Full Name

Date of Application

Security Officer Armed Security Officer

This document meets all ASRB Temporary License requirements ONCE A PERSONAL APPLICATION HAS BEEN SUBMITTED TO THE BOARD. This document must be carried at all times the Applicant is performing any regulated activity. This Temporary License is valid until a Personal License is either granted or denied by the Board.



ALABAMA SECURITY REGULATORY BOARD
AUTHORIZATION FOR RELEASE OF INFORMATION
 2777 Zelda Road
 Montgomery, AL 36106

NOTICE: This form must be typed or legibly printed in blue or black ink. All applicable questions must be answered. Indicate not applicable questions by entering "N/A "(not applicable) in the proper field.
 Incomplete forms and forms that are not legible will be returned without consideration.
 If space provided is not sufficient for complete answers, attach additional sheets as necessary. Number each answer to correspond with the question being answered.

1. PERSONAL INFORMATION

Full Name (LAST, First, Middle)		Date of Birth (MM/DD/YYYY)
Aliases (any other name you have been known by; e.g., Maiden Name, Married Name, etc... [DO NOT INCLUDE CASUAL NICKNAMES])		
Current Residence (Street Address, City, ST, ZIP)		
Home Phone	Cell Phone	E-Mail

2. DECLARATION OF UNDERSTANDINGS

I understand that the Alabama Security Regulatory Board (herein after, "the Board") will conduct any investigation deemed necessary to ensure that I fulfill all requirements for licensure by the Board.
I understand that a FBI and ABI Background Check will be done.
 I understand that inquiry may be made regarding my residential history, employment history (to include disciplinary and training records), school records, financial records, or any other record, information, or knowledge deemed relevant by the Board.
 I understand that inquiry may also be made into any history of controlled substance or alcohol abuse by me, and into my mental competency.

3. AUTHORIZATION, WAIVER AND RELEASE

I hereby authorize Alabama Security Regulatory Board (herein after, "the Board") to conduct a background investigation of me to determine my suitability for licensure by the Board.
 I hereby waive any provision of law forbidding any court, law enforcement agency, credit reporting agency, employer, school or school official, financial institution, business, or person from disclosing to the Board any record, information, or knowledge concerning me and I give permission without restriction for any court, agency, business, or person to disclose any record, information, or knowledge concerning me to the Board.
 I hereby release any court, law enforcement agency, credit reporting agency, employer, school or school official, financial institution, business, or person from any and all claims, demands, losses, suits, and actions of any kind, whether at law, in equity, through litigation or arbitration, in connection with any court, agency, business, or person acting in compliance with any request for records, information, or knowledge about me by the Board.

STATE OF ALABAMA, COUNTY OF _____

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____
 _____ DAY OF _____, _____

 APPLICANT SIGNATURE

 DATE

 NOTARY PUBLIC

MY COMMISSION EXPIRES: _____



ALABAMA SECURITY REGULATORY BOARD
CERTIFICATION OF EXPERIENCE/TRAINING
 2777 Zelda Road
 Montgomery, AL 36106

FOR BOARD USE ONLY
 BY: _____ Approved
 DATE: _____ Denied

NOTICE: This form must be typed or legibly printed in blue or black ink. All applicable questions must be answered. Indicate not applicable questions by entering "N/A "(not applicable) in the proper field.

Incomplete forms and forms that are not legible will be returned without consideration.

If space provided is not sufficient for complete answers, attach additional sheets as necessary. Number each answer to correspond with the question being answered.

Certification Applied for: Qualifying Agent

4. PERSONAL INFORMATION

Full Name (LAST, First, Middle)

Date of Birth (MM/DD/YYYY)

5. REASON FOR CERTIFICATION OF EXPERIENCE

Qualifying Agent for: _____
 (Name of Contract Security Company)

I certify that I have a minimum of 3 years' experience as a manager, supervisor, or administrator with a contract security company. (summarize in the 'Qualifying Experience/Training' section)

OR

I certify that I have a minimum of 3 years of supervisory experience with any federal, military, state, county, or municipal law enforcement agency. (summarize in the Qualifying Experience/Training section)

Further;

I certify that I am an employee of the Contract Security Company that I will serve as Qualifying Agent for.

I certify that I am not a Qualified Agent for any other Contract Security Company licensed by the Alabama Security Regulatory Board.

7. CERTIFICATION OF TRAINING

Initial/Basic Training: (required to receive a SECURITY OFFICER or ARMED SECURITY OFFICER license)

- I certify that I have received a minimum of 8 hours of Initial/Basic training from a Certified Trainer.
 - o Summarize the training received in Section 3 of this form and provide proof of training received.

Refresher Training: (required for renewal of a SECURITY OFFICER or ARMED SECURITY OFFICER license)

- I certify that I have received a minimum of 8 hours of Refresher Training from a Certified Trainer.
 - o Summarize the training received in Section 3 of this form and provide proof of training received.

Armed Security Officer Training: (additional training required to receive or renew an ARMED SECURITY OFFICER license)

- I certify that I have received a minimum of 4 hours of initial Armed Security Officer training from a Certified Trainer. (Needed ONLY for initial licensure)
- I certify that I have received a minimum of 2 hours of annual refresher Armed Security Officer training from a Certified Trainer. (needed for License renewal ONLY)
 - o Summarize the training received in Section 3 of this form and provide proof of training received.

Exemption: I certify that I am exempt from the Initial/Basic Training requirement as permitted by §34-27C-8(d) for ONE of the following reasons;

- Within three years before applying to the Board, I have completed basic security training through a military, government, or security training institute that meets or exceeds the initial training required by the Board.
 - o Summarize the training received in Section 3 of this form and provide proof of training received.
- I am employed by a Contract Security Company that has a training curriculum and standards that meet or exceed the basic training required by the Board.
 - o Identify the Contract Security Company that you are employed with in Section 3 of this form and provide proof of training received.
- I am a sworn peace officer or a retired peace officer
 - o Provide proof of status.
- I have a minimum of five (5) years of continuous experience as a Security Officer or Armed Security Officer prior to applying to the Board.
 - o Summarize your continuous experience in Section 3 of this form, to include the name, business address, and contact telephone number for any Contract Security Company that you have worked for to satisfy the five (5) years of continuous experience required by this section.
- I have less than five (5) years continuous experience as a Security Officer or Armed Security Officer but I have received training as required by §34-27C-8(a) from a person who has become a Certified Trainer as provided for in rules adopted by the Board during my current period of employment.
 - o Summarize your current period of employment in Section 3 of this form, to include the name, business address, and contact telephone number for any Contract Security Company that you have worked for.
 - o Identify the Certified Trainer that you received training from, to include the Certified Trainer's Name and Certification Number, and provide proof of training received

8. DESCRIPTION OF EXPERIENCE/TRAINING

Summarize courses completed in training in this section. Attach any supporting documentation and/or certificates of training to this form and submit with your Application to the Board.

Board Licensed Certified Trainer Name and License Number: _____

By signing this document the applicant affirms under penalty of perjury that the information provided is factually truthful.

STATE OF ALABAMA, COUNTY OF _____

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF _____, _____

APPLICANT SIGNATURE _____

DATE _____

NOTARY PUBLIC _____

MY COMMISSION EXPIRES: _____

RECEIVED:

REVIEWED:



ALABAMA LAW ENFORCEMENT AGENCY
Release Form for Alabama Security Regulatory Board

Full Name (First, Middle, Last, Suffix):

Applicant Current Address:

City: State: Zip Code:

Alias or Nickname(s): Sex/Gender: Male Female

Social Security Number: Date of Birth: (month/date/year)

Race: White Black Asian Indian Other (please specify)

Current Driver's License Number: Issuing State:

Current e-mail address:

Home Phone #: Cell Phone #:

Work Phone #: Extension:

Included with my Application are the following items:

- Completed Application signed by applicant and two witnesses OR notarized.
A classifiable copy of my own fingerprints taken by an authorized law enforcement agency as required.

Affidavit for Release of Information:

I am possessed of sound mind and legally competent to execute this release. I hereby authorize the Alabama Law Enforcement Agency to release any and all criminal history information to:

Randy Barrows with Alabama Security Regulatory Board

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 incomplete or inaccurate (see "Appendix A-1" 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

Received By (Initials): /Date: Processed By (initials): /Date:

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 photo identification.
- 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:

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 _____

Received By (Initials): _____/Date: ____/____/____ Processed By (initials): _____/Date: ____/____/____

Walk-in/Hand Delivered _____ Mailed _____ Status: _____ Initials: _____ Date: ____/____/____

Billed: _____ Paid: _____ No Charge: _____

Check#: _____

Background Check Qty: ____ Total: \$ _____

Certified Letter Qty: ____ Total: \$ _____

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 a FBI-approved AFIS printout of an official "Applicant" fingerprint card (i.e., FBI blue card). This ensures positive identification and insures 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).

1. 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.

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

APPLICANT

THIS CARD FOR USE BY:

- LAW ENFORCEMENT AGENCIES IN FINGERPRINTING APPLICANTS FOR LAW ENFORCEMENT PURPOSES
- OFFICIALS OF STATE AND LOCAL GOVERNMENTS FOR PURPOSES OF EMPLOYMENT, LICENSING, AND PERMITS AS AUTHORIZED BY STATE STATUTES AND APPROVED BY THE ATTORNEY GENERAL OF THE UNITED STATES. LOCAL AND COUNTY ORDINANCES, UNLESS SPECIFICALLY BASED ON APPLICABLE STATE STATUTES DO NOT CONSTITUTE THIS REQUIREMENT
- U.S. GOVERNMENT AGENCIES AND OTHER ENTITIES REQUIRED BY FEDERAL LAW
- OFFICIALS OF FEDERALLY CHARTERED OR INSURED BANKING INSTITUTIONS TO PROMOTE OR MAINTAIN THE SECURITY OF THOSE INSTITUTIONS

1. LOOP
CENTER OF LOOP
DELTA
THE LINES BETWEEN CENTER OF LOOP AND DELTA MUST SHOW

2. WHORL
DELTA
THESE LINES RUNNING BETWEEN DELTA MUST BE CLEAR

3. ARCH
ARCHES HAVE NO DELTAS

FD-258 (REV 9-9-13)

INSTRUCTIONS:

- FINGER MUST GENERALLY BE CHECKED THROUGH THE APPROPRIATE STATE IDENTIFICATION BUREAU AND ONLY THOSE FINGERPRINTS FOR WHICH NO DISQUALIFYING RECORD HAS BEEN FOUND LOCALLY SHOULD BE SUBMITTED FOR FBI SEARCH
- IDENTITY OF PRIVATE CONTRACTORS SHOULD BE SHOWN IN SPACE "EMPLOYER AND ADDRESS". THE CONTRIBUTOR TO THE NAME OF THE AGENCY SUBMITTING THE FINGERPRINT CARD TO THE FBI.
- FBI NUMBER, IF KNOWN, SHOULD ALWAYS BE FURNISHED IN THE APPROPRIATE SPACE
- MISCELLANEOUS NO. RECORD, OTHER ARMED FORCES NO. PASSPORT NO. FBI ALIAS REGISTRATION NO. (AR), PORT SECURITY CARD NO. (PS), SELECTIVE SERVICE NO. (SS), VETERANS ADMINISTRATION CLAIM NO. (AV)

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.