CRIMINAL JUSTICE INFORMATION SYSTEMS
SECURITY CLEARANCE BACKGROUND REQUEST

TO BE COMPLETED BY APPLICANT:

NAME:_____
(Last) (First) (Middle)

OTHER NAMES USED: _____

DATE OF BIRTH: _____

I have been informed that in order to be allowed access to areas associated with Criminal Justice Information Systems (CJIS), a state and national fingerprint-based background check is required. I understand that the existence of a criminal record in itself would not disqualify me for employment, contract work, or being a volunteer, however it may effect what areas I will be allowed to access. Further, I understand that if there is any question regarding the results of the fingerprint-based background check, I may directly contact the Oregon State Police CJIS Division for additional information.

_____ _____
Applicant Signature Date

TO BE COMPLETED BY AGENCY:

SWORN POSITION:
- ☐ **POLICE OFFICER – 8801**
- ☐ **RESERVE- 8803**
- ☐ **CORRECTIONS - 8802**

NON-SWORN POSITION:
- ☐ **NON-SWORN POSITION - 8804**

MANAGER/AGENCY CONTACT INFORMATION:

This person will receive the results of this background check via email once the transaction has been fully processed

AGENCY:_____ **ORI**: _____

NAME: _____ **PHONE**: _____

EMAIL: _____

The person identified above is required to have access to a CJIS security area under my direction. By submitting this form with the applicant's fingerprints within 30 days of initially appointing the applicant, I am complying with the CJIS Security policy requirement for this facility and as directed in section 5.12.1.1 of the CJIS Security Policy and the State CSO or their designee**. I affirm that this CJIS Security Clearance Request is not being submitted for the purposes of conducting an employment background check.**

_____ _____
Manager/CJIS Rep Signature Date

Please submit form and fingerprints to the Oregon State Police CJIS Division within 30 days of the applicant being appointed to their position

Mail: Oregon State Police CJIS Division
3565 Trelstad Ave SE
Salem, OR 97317

Fax: 503-378-2121

Email: OSPCJIS@osp.oregon.gov

All fields on this form are required. Incomplete forms will not be processed until all information has been provided. Any CJIS Clearance requests that are lacking the appropriate information to process within 30 days of the initial date of submission will be purged as incomplete transactions.