

Email: OSP.CJIS@osp.oregon.gov

Criminal Justice Information Services Security Clearance Application Request

		To Be Complete	ed by Applicant
Full Name:			
(Last, First Middle)			
Additional Names			
Date of Birth			
Applicant Signature			Date
fingerprint-based backgro employment, contract wo	ound check is req ork, or being a vo on regarding the	uired. I understand that the olunteer; however, it may in	ith Criminal Justice Information Systems (CJIS), a state and national existence of a criminal record will not necessarily disqualify me for appact what areas I will be allowed to access. Further, I understan ased background check, I may contact the Oregon State Police CJI
SECTION 2		To Be Complete	d by Agency
Sworn - Police Officer	Flag 8801		
Sworn - Corrections	Flag 8802		
Sworn - Reserve	Flag 8803		
Non-Sworn	Flag 8804		
SECTION 3		Manager/Agency Con	tact Information
	entative listed b	elow will receive the results	of this background check via email once the transaction has bee
successfully processed. Agency			
ORI			
OIN			
Name			
Name			
Name Phone	ative Signature		Date
Name Phone Email Manager/CJIS Represent The applicant identified of applicant's fingerprints withis facility and as directed	above is required ithin 30 days of d in section 5.12.	initially appointing the appl 1.1 of the CJIS Security Polic	Date ecurity area under my direction. By submitting this form with the licant, I am complying with the CJIS Security policy requirement for and the State CSO or their designee. I affirm that this CJIS Securiting an employment background check.
Name Phone Email Manager/CJIS Represent The applicant identified of applicant's fingerprints withis facility and as directed	above is required ithin 30 days of d in section 5.12.	initially appointing the appl 1.1 of the CJIS Security Polic	ecurity area under my direction. By submitting this form with the licant, I am complying with the CJIS Security policy requirement for and the State CSO or their designee. I affirm that this CJIS Securiting an employment background check.
Name Phone Email Manager/CJIS Represent The applicant identified of applicant's fingerprints withis facility and as directed Clearance Request is not be section 4 Lease submit this form and as allease submit this form and	above is required ithin 30 days of d in section 5.12. peing submitted d fingerprints to	initially appointing the appl 1.1 of the CJIS Security Polic for the purposes of conducts Application Submission the Oregon State Police CJI	ecurity area under my direction. By submitting this form with the licant, I am complying with the CJIS Security policy requirement for and the State CSO or their designee. I affirm that this CJIS Securiting an employment background check.

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 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.

Applicant Notification and FBI Record Access and Amendment

Your fingerprints will be used to check the criminal history records of the FBI. You have the opportunity to complete or challenge the accuracy of the information contained in the FBI identification record. The procedure for obtaining a change, correction, or updating an FBI identification record are set forth in Title 28, CFR, 16.34.

You can find additional information on the FBI website at: https://www.fbi.gov/about-us/cjis/background-checks