OFFICE OF TECHNOLOGY SERVICES CRIMINAL HISTORY REVIEW REQUEST

Email this form to InfoComp@la.gov with 'Criminal History Review Request' in the SUBJECT line.

SECTION 1: APPLICANT INFORMATION (ALL FIELDS REQUIRED)

First Name	Middle Name		Last Name	Suffix
Phone Number			Email Address	
Agency/Section or Sponsoring Organization	Job Title		Louisiana Personnel Number	(if applicable)
Section 2: Agency/organization Contact I	NFORMATION (ALL FIELDS	S REQUIRED)		
First Name	Last Name		Louisiana Personnel Number	r(if applicable)
Agency/Section or Vendor Organization	Phone Number		Email Address	
SECTION 3: APPLICANT TYPE (CHOOSE ONE)				
Criminal History/RealID (default)				
FTI (Federal Tax Information) – choose IT Vendor (includes TORFR) (Proceed)			cess to this type of data	
SECTION 4: IT VENDORS (ALL FIELDS REQUIRED)	Complete this section	only if IT Vendor is se	lected in Section 3.	
CHOOSE ONE: Staff Aug (TORFF	IT	Contractor (non-TORFR)		
Project Name(TORFR only)	Vendor	Organization		
Purchase Order and/or Service Request(TORFF	conly)			

Once the form is received, reviewed, and approved, the Agency Contact will receive notice the Applicant has been sent Louisiana Applicant Processing System (LAPS) instructions that include a **Service Code** and **unique payment code (NCAC)** or payment instructions for non-TORFR IT Vendors. These instructions will detail how the applicant will self-register and set an appointment at an available IdentoGO (https://uenroll.identogo.com) location that is most convenient to the applicant for fingerprinting. In lieu of an IdentoGO location for digital fingerprinting, these instructions will also detail submitting fingerprint cards created at a law enforcement office to the Louisiana Applicant Processing System by mail. The applicant CANNOT register with LAPS without the service code and payment information provided in these instructions and are unique to the applicant. Any questions should be submitted to InfoComp@la.gov.