



CIVIL WORKFLOW CONTROL SYSTEM



- Automated Processing Of Criminal History Requests
- Using Fingerprint Based Livescan Technology
- Average Response Time – 3 Business Days

CONTACT INFORMATION FORM

Please return your completed form to FDLE's Criminal History Services at email address: ApplicantChecks@fdle.state.fl.us –AND– call (850) 410-8161 if you have any questions.

1) ORGANIZATION NAME:

2) ASSIGNED ORI NUMBER:

3) NAME OF CONTACT PERSON:

4) CONTACT PHONE NUMBER:

CONTACT ALTERNATE PHONE NUMBER:

5) **ONE** CONTACT EMAIL ADDRESS FOR ADMINISTRATIVE AND/OR GENERAL CORRESPONDENCE:

***EMAIL ADDRESS MUST MATCH NAME OF CONTACT PERSON**

6) ORGANIZATION STREET ADDRESS:

7) CITY:

STATE:

ZIP CODE:

8) **ONE** EMAIL ADDRESS FOR AUTOMATED RESULT NOTIFICATIONS AND/OR CRIMINAL HISTORY RELATED MESSAGES:

FDLE USE ONLY (PLEASE DO NOT WRITE BELOW):

Fingerprint Retention:

YES NO

Date / Time Received: _____

Verified By - FDLE Member: _____

TCN Number Sequence: _____

Date / Time Entered Into CWCS: _____

Assigned Purpose Code: _____ Fees: _____

Entered By – FDLE Member: _____