



# EMPLOYEE TRANSFER FORM

<b>FOR OFFICE USE ONLY</b> <b>EFFECTIVE 1-2019</b> EXPIRES _____ PROCESSED BY _____
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**NOTICE:** Information contained on this application is considered a public record and may be released under the Freedom of Information Act. Under penalty of A.C.A. § 5-53-103, knowingly giving a false statement or submitting a false document constitutes a Class A Misdemeanor.

NAME _____				Employee Credential Number	
Last	First	MI			
SS#: _____ - _____ - _____	DOB: _____		(MUST BE 21 YRS OLD)		
SEX: _____	RACE: _____	HGT: _____	WGT: _____	EYES: _____	HAIR: _____
APPLICANT PHYSICAL ADDRESS: _____					
	Street/P.O. Box	City	County	State/ZIP	
APPLICANT MAILING ADDRESS: _____					
	Street/P.O. Box	City	County	State/ZIP	
DRIVER'S LICENSE: _____			HOME PHONE: (____) _____		
	State	Number			
EMAIL ADDRESS: _____			CELL PHONE: (____) _____		
PLACE OF BIRTH: _____					
	City	County	State	Country	

**\*\*\* PLEASE SUBMIT A CHECK OR MONEY ORDER ONLY \*\*\***

**ALL APPLICANTS MUST HAVE A BACKGROUND CHECK. APPLICATION FEE, 2-CLASSIFIABLE FINGERPRINT CARDS, AND BACKGROUND CHECK FEES MUST BE INCLUDED WITH THE SUBMISSION OF THIS APPLICATION.**

TRANSFER (for credentials other than CPI)	FEE	\$20.00	CODE 20022
<b>OR</b> TRANSFER (for CPI credential)	FEE	\$75.00	CODE 20022
STATE BACKGROUND CHECK FEE	FEE	\$22.00	CODE 82006
FEDERAL BACKGROUND CHECK FEE	FEE	\$11.25	CODE 80019
FEDERAL BACKGROUND/INA FEE	FEE	\$1.00	CODE 80011
FEDERAL BACKGROUND CHECK FEE	FEE	\$2.00	CODE 80006

**TOTAL AMOUNT DUE \$56.25 (for any transfer other than CPI)  
or TOTAL AMOUNT DUE \$111.25 (for CPI credential)**

PLACE AN "X" IN THE SQUARE NEXT TO THE TYPE OF CREDENTIAL YOU ARE TRANSFERRING.

- |   |   |
|---|---|
| <input type="checkbox"/> COMMISSIONED SCHOOL SECURITY OFFICER | <input type="checkbox"/> ALARM SYSTEMS TECHNICIAN |
| <input type="checkbox"/> COMMISSIONED SECURITY OFFICER        | <input type="checkbox"/> ALARM SYSTEMS AGENT      |
| <input type="checkbox"/> PRIVATE SECURITY OFFICER             | <input type="checkbox"/> ALARM SYSTEMS APPRENTICE |
| <input type="checkbox"/> CREDENTIALIAED PRIVATE INVESTIGATOR  | <input type="checkbox"/> ALARM SYSTEMS MONITOR    |

COMPANY TRANSFERRING FROM \_\_\_\_\_ CMPY # \_\_\_\_\_

The person transferring has returned all company property and the state issued credential photo identification card.

OWNER/MANAGER SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

COMPANY TRANSFERRING TO \_\_\_\_\_ CMPY # \_\_\_\_\_

I intend to hire the above individual in a position that requires a credential with the Department of the Arkansas State Police and have received the training records from the former company (if required).

OWNER/MANAGER SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**NOTICE: THIS SECTION IS REQUIRED ONLY FOR A CSSO CREDENTIAL TRANSFER**

NAME OF PRIVATE BUSINESS, SCHOOL OR COMPANY: \_\_\_\_\_

CMPY # \_\_\_\_\_

I the undersigned hereby affirm that the applicant listed on this application is allowed to provide service to our school district as a Commissioned School Security Officer (CSSO).

\_\_\_\_\_  
Signature of School Superintendent

\_\_\_\_\_  
School District

\_\_\_\_\_  
Date

**VERIFICATION AND AUTHORITY TO RELEASE**

**TO WHOM IT MAY CONCERN**

Under penalty of A.C.A. § 5-53-103, I the undersigned hereby affirm that all information contained on this application is true and correct. I understand that giving a false statement or submitting a false document will subject me to criminal prosecution, preclude future Arkansas Private Investigator, Security, Alarm Installation, and Monitoring license, commission, or credential issuance, and/or immediate revocation of any license, commission, or credential already issued by the Department.

I understand that the Arkansas State Police will conduct a thorough background investigation before rendering a final decision regarding my eligibility for a License, Commission and/or Credential and this investigation may include, but not be limited to, inquiries as to my abilities, character, reputation, criminal record, and past employment record.

To facilitate this investigation, I do, hereby, give my consent and authority for any educational institution, hospital, mental institution, including specifically the Arkansas State Hospital and Veterans Administration Hospital, medical doctor, police agencies, the Arkansas Crime Information Center, Federal Bureau of Investigation, National Crime Information Center, Interstate Information Index, credit reporting agencies, former employers, and former business associates to furnish information from their records to the Arkansas State Police. I do, hereby, give my consent and authority that any information (including sealed or expunged criminal history) and/or evidence gathered or received by the aforementioned agencies may be submitted to any court, board, or commission in open hearing or court in any judicial or administrative proceeding.

With regard to any credit reporting agencies which might be contacted by the Arkansas State Police, I understand that I may inquire as to the identification of those credit reporting agencies contacted, and the Arkansas State Police will advise me as to the identity and the nature and scope of information they furnished.

**PRINT FULL NAME:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**APPLICANT RECORD NOTIFICATION**

**Notification:** Fingerprints submitted will be used to check the criminal history records of the FBI.

**Obtaining Copy:** Procedures for obtaining a copy of FBI criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.30 through 16.33 or go to the FBI website at <http://www.fbi.gov/about-us/cjis/background-checks>.

**Change, Correction, or Updating:** Procedures for obtaining a change, correction, or updating of an FBI criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.

Rev. December 2016