



Criminal Justice Information Systems Security Clearance Application Request

SECTION 1 To Be Completed by Applicant	
Full Name:	
Additional Names Used	
Date of Birth	
Applicant Signature	
Date	
<p>I have been informed that 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 will not necessarily disqualify me for employment, contract work, or being a volunteer; however, it may impact 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 contact the Oregon State Police CJIS Division for additional information.</p>	

SECTION 2 To Be Completed by Agency		
Sworn	Flag	
Police Officer	8801	<input type="checkbox"/>
Corrections	8802	<input type="checkbox"/>
Reserve	8803	<input type="checkbox"/>
Non-Sworn	Flag	
Non-Sworn	8804	<input type="checkbox"/>

SECTION 3 Manager/Agency Contact Information	
<p><i>The manager/CJIS Representative listed below will receive the results of this background check via email once the transaction has been successfully processed.</i></p>	
Agency	
ORI	
Name	
Phone	
Email	
Manager/CJIS Representative Signature	
Date	
<p><i>The applicant 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.</i></p>	

SECTION 4 Application Submission

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

All fields on this form are required. Incomplete forms will not be processed until all information has been received.

Any CJIS clearance requests that are missing the required information for processing will be purged as incomplete transactions after 30 days of the initial submission.

Mail

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

Fax

503-378-2121

Email

OSPCJIS@osp.oregon.gov