



Criminal Justice Information Systems Security Clearance Application Request

SECTION 1 To Be Completed by Applicant

Full Name:		
Additional Names		
Date of Birth		
Applicant Signature		Date

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.

SECTION 2 To Be Completed by Agency

Applicant ORI		
Sworn - Police Officer	Flag 8801	<input type="checkbox"/>
Sworn - Corrections	Flag 8802	<input type="checkbox"/>
Sworn - Reserve	Flag 8803	<input type="checkbox"/>
Non-Sworn	Flag 8804	<input type="checkbox"/>

SECTION 3 Manager/Agency Contact Information

The manager/CJIS Representative listed below will receive the results of this background check via email once the transaction has been successfully processed.

Agency		
ORI		
Name		
Phone		
Email		
Manager/CJIS Representative Signature		Date

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.

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 and 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: OSP.CJIS@osp.oregon.gov