

**ARKANSAS STATE POLICE**  
**ASP-122**  
**# 1 STATE POLICE PLAZA DRIVE LITTLE**  
**ROCK, AR 72209**  
(501) 618-8500

**Identification Bureau Individual Record Check Form**

- Required:
1. This form properly completed and notarized.
  2. \$ 25.00 check or money order payable to "Arkansas State Police".
  3. Stamped envelope addressed to:  
ASACB  
Evergreen Place  
1100 N. University Ave. Ste. 35  
Little Rock, AR 72207
  4. Mail items 1 thru 3 to the ASP -122 State Police address

Full Name: \_\_\_\_\_ First

Middle                      Last Name / Maiden/Other

Date of Birth: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Driver's License #: \_\_\_\_\_  
State

Mailing  
Address: \_\_\_\_\_  
Street    City                      State                      Zip

**I GIVE MY CONSENT FOR THE ARKANSAS STATE POLICE TO CONDUCT A CRIMINAL RECORD SEARCH ON MYSELF AND RELEASE ANY RESULTS TO THE FOLLOWING PERSON OR ENTITY.**

Name: Arkansas Substance Abuse Certification Board  
Mailing Address: ASACB, Evergreen Place  
1100 N. University Ave. Ste. 35  
Little Rock, AR 72207  
(501) 749-4040

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
First                      Middle                      Last Name                      Month Day Year

**REQUESTS WILL NOT BE PROCESSED WITHOUT A NOTARY STAMP**

**STATE OF** \_\_\_\_\_

**COUNTY OF** \_\_\_\_\_

Subscribed and sworn before me a Notary Public in and for the county and state aforesaid, this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

**Notary Public Signature** \_\_\_\_\_