ARKANSAS STATE BOARD OF PRIVATE CAREER EDUCATION
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FORM 6000 – FINGERPRINT VERIFICATION FORM FOR PARTNERS OR SHAREHOLDERS

SCHOOL PARTNERS OR SHAREHOLDERS – The requirements for a background investigation for all partners or shareholders with ten percent (10%) or more ownership interest in a school may be found in Arkansas Code Annotated § 6-51-605 (m) through (n) and § 6-51-606

EACH SCHOOL PARTNER OR SHAREHOLDER is responsible for:

1. Completing the sections at the top of the Fingerprint Card supplied by the Arkansas State Board of Private Career Education.

2. Completing Sections II and IV of the FORM 6000 - Fingerprint Verification Form for Partners or Shareholders.

3. Taking to a local law enforcement agency that does fingerprints the:
   (a) Fingerprint Card with the top part completed,
   (b) Completed Form 6000 - Fingerprint Verification Form for Partners or Shareholders,
   (c) A check or money order payable to INA in the amount of **$35.00**, and
   (d) The Arkansas State Board of Private Career Education envelope.

4. Returning the completed packet to the Arkansas State Board of Private Career Education. The Partner or Shareholder is responsible for placing the check payable to "INA" in the envelope prior to giving the envelope, Form 6000 and the fingerprint card to the fingerprint technician. After the fingerprint technician completes the fingerprint card and Part III of the Form 6000 they should place all items in the envelope provided by SBPCE and seal with their signature across the envelope and envelope flap. Based on requirements implemented by the FBI and ACIC, forms and fingerprint cards that are received unsealed will not be processed.

5. Have you ever pled guilty, entered a plea of nolo contendere, or been convicted in a criminal proceeding, regardless of whether or not the adjudication of guilt or sentence is withheld, deferred, or suspended by a court of this state, another state, or federal government, of (A) Any felony or (B) any act involving moral turpitude, gross immorality, or which is related to the qualifications, functions, and duties of a licensee? ☐ **YES** ☐ **NO** **If YES, provide a written report of the conviction which should include the date of the offense and of the conviction, the name and address of the court, the specific crime of which convicted or to which a guilty plea or nolo contendere (no contest) was entered, the fine, penalty and/or other sanctions imposed, and copies of the charging document and judgment of conviction or other disposition including probation or suspension of sentence. All requested documents and reports shall be included with the application.**

IF YOU DO NOT FULLY UNDERSTAND QUESTION 5, CONSULT AN ATTORNEY.

ATTENTION FINGERPRINT TECHNICIAN - Please follow the instructions below for fingerprinting this applicant.

Please ensure that the applicant has filled out all the required boxes on the Fingerprint Card and Form 6000 - Fingerprint Verification Form for Partners or Shareholders Sections II and IV prior to taking the fingerprints.

1. Request a valid, unexpired government-issued photo ID from the applicant and compare the physical descriptors on the applicant's photo ID to the applicant and to the information on the fingerprint card.

2. Fill out the information in Section III of the boxes below. Please print clearly.

3. Once the prints have been taken, place the fingerprint card and this form into the Arkansas State Board of Private Career Education envelope and seal it. Please write your name or identification across the envelope and the flap of the seal. Return the sealed envelope to the applicant. ***Do not give the applicant the fingerprint card or this form without first sealing it inside the envelope.***

I. Fingerprint reason	
1. Requestor/ Agency ID **AR920470Z**	**2. Agency Name** **ST BD OF PRIV ED**

II. Application Information: Type or clearly print answers to all fields before going to be fingerprinted.

1a. Last Name	**1b. First** Name	**1c.** Middle Initial	**1d.** Suffix
2. Any Alternative Names, Last Names, or Aliases (optional)			
3. Date of Birth	**4.** Social Security Number (optional)		
5. Driver License State	**6.** Driver License Number		
7. Address (Home)			
8. City	**9.** State	**10.** ZIP Code	
11. Home Phone Number or Cell Number	**12.** Owner Email		
13. Name of School			
14. School Address (#, Street, City, State, Zip)	**15.** % Of School Owned		

III. Technician Information: Type or clearly print answers to all fields at the fingerprinting site.

1. Date Printed	**2.** Name of Fingerprint Technician (Print)
3. Fingerprint Technician's Agency/ Company Name	**4.** Fingerprint Technician Signature

5. Type of Photo ID provided (check one):
☐ Driver's License/MVD Issued ID ☐ Passport ☐ Other (Please specify)

IV. I understand that my personal information and fingerprints submitted by the Arkansas State Board of Private Career Education are used to search against criminal identification records from both Arkansas Crime Information Center (ACIC) and Federal Bureau of Investigation (FBI). I hereby authorize the release of any records to the person or agency listed above.

I further understand ACIC and the FBI may also retain the submitted information and fingerprints as permitted by the Privacy Act of 1974, 5 USC **§** 552a, for routine uses beyond the principal purpose listed above.

Under penalty of perjury, I declare and affirm that the statements made on this form, including any attached sheets, are true, complete, and accurate. I affirm that I have read Arkansas Code Annotated § 6-51-601 et.al. and the Regulations of the State Board of Private Career Education. I will operate in compliance with the laws of Arkansas and the Regulations of the State Board of Private Career Education.

Applicant Signature: _____ Date: _____

28 CFR **§** 16.30 through 16.34 - Procedure to obtain change, correction, or updating of identification records. If, after viewing his/her identification record, the subject thereof believes that it is incorrect or incomplete in any respect and wish changes, corrections, or updating of the alleged deficiency, he/she should make application directly to the agency which contributed the questioned information. The subject of a record may also direct his/her challenge as to the accuracy or completeness of any entry on his/her record to the FBI, Criminal Justice Information Service (CJIS) Division, and ATTN: SCU, Mod. D2, 1000 Custer Hollow Road, Clarksburg, WV 26306. The FBI will then forward the challenge to the agency which submitted the date requesting that agency to verify or correct the challenged entry. Upon the receipt of an official communication directly from the agency which contributed the original information, the FBI CJIS Division will make any changes necessary in accordance with the information supplied by that agency.