



Arizona Department of Public Safety
Noncriminal Justice (NCJ) Compliance Program

Application for Access

This application is for agencies to receive criminal history record information for a noncriminal justice purpose such as evaluating the fitness of employees, volunteers, licensees, etc. This is not for fingerprint clearance cards. Please type or print legibly. Some authorizations require additional documentation to be submitted with the application.

Reactivation (OCA, if known)	Agency Full Name	Date
Street address or PO Box		
City		
State		
Zip Code		
Agency Type – Indicate your agency type below (Select one)		
<p>Eligible for federal and Arizona criminal history:</p> <p><input type="checkbox"/> Public Charter School (Authorization ARS §15-183) Charter Holder: _____</p> <p><input type="checkbox"/> Public School District (Authorization ARS §15-512)</p> <p><input type="checkbox"/> Fire District or Fire & Medical Authority (Authorization ARS §48-805)</p> <p><input type="checkbox"/> Government or Tribal Agency Type: _____</p> <p>Authorization: _____ (If using local ordinance, provide copy of authorization/ordinance. Application Addendum may also be required.)</p>	<p>Eligible for Arizona criminal history only:</p> <p><input type="checkbox"/> Private adoption agency/private adoption attorney (MUST provide copy of court order) Authorization (mark one): <input type="checkbox"/> ARS §41-1750 <input type="checkbox"/> ARS §8-105</p> <p><input type="checkbox"/> Non-profit organization that interacts with children or vulnerable adults (Authorization ARS §41-1750 (G) 23. <u>Non-profit organizations must also complete the Non-profit Declaration, must be registered Active and in Good Standing with the Arizona Corporation Commission</u>)</p> <p>ACC Entity ID: _____ Please indicate type: <input type="checkbox"/> Private school <input type="checkbox"/> Church <input type="checkbox"/> Other (please describe organization type, not tax status): _____</p> <p><input type="checkbox"/> Law Enforcement Academy (AZPOST certified) (Authorization ARS §41-1750 (G) 17.)</p>	
Name and title of person completing this form (please print)	Contact phone	Email

Send the completed application and any required supporting documentation to one of the following:

Arizona Department of Public Safety
Access Integrity Unit
ATTN: Noncriminal Justice Agency Compliance
P.O. Box 6638 | MD 3160
Phoenix, AZ 85005-6638

Fax: (602) 223-2926
Attn: AIU - Noncriminal
Justice Compliance

Email: NCJA@azdps.gov
Subject line: Access
Application