

STATE OF IOWA
DEPARTMENT OF PUBLIC SAFETY
DIVISION OF CRIMINAL INVESTIGATION

CLASS C BACKGROUND



NAME: _____
First
Middle
Maiden
Last
Date of Birth

Social Security Number: _____ Have you ever been licensed for Iowa Gaming? _____

Company/Casino Name: _____ Position Applied For: _____

Driver's License: _____ State Issued: _____ D.L. Number: _____

FOR OFFICIAL USE ONLY	DCI Case # _____ Upgrade? Yes _____ No _____ Date Reviewed: _____ Previous DCI Case # _____ Initials _____ I- _____ I.R.G.C.# _____ Comments: _____ _____
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Read every question carefully prior to responding. Answer every question completely.

This application form is to be completed by the person who is applying for a license to be issued by the Iowa Racing and Gaming Commission. Return completed form to the same Racing and Gaming office where you will be licensed. You must be fingerprinted by the Racing and Gaming office when you return your completed application.

Sign both the Statement of Truth and the Release Authorization forms in the presence of a notary public and have your signatures notarized. (See pages 13 and 15 respectively).

All entries on this form must be typed or neatly printed except for initials and signatures. Each page of this form must be signed or initialed by you after completion in the space provided.

If you need additional space to answer any questions, use page 11. Be sure to indicate the number of the question you are answering if you use this additional space.

Initials _____

**SECTION 1
APPLICANT INFORMATION**

1. Full Name: _____
First Middle Maiden Last

2. Home Address: _____
Street City State Zip Code

3. Occupation: _____ Business: _____

4. Home #: _____ Work #: _____ Cell #: _____

E-mail: _____

5. DOB: _____ Birthplace: _____ SSN: _____

6. Height: _____ Weight: _____ Eye Color: _____ Sex: _____

7. Give any other names you have used or by which you have been known.

8. Name of Spouse: _____
First Middle Maiden Last

9. DOB: _____ SSN: _____

10. Of what country are you a citizen? _____

A. List: Place of Birth: _____
City State Country

B. If you are not a citizen of the United States list:

1. Port of Entry to the United States: _____

2. Name and address of sponsor upon your arrival:

Initials _____

11. If you are a naturalized citizen, provide the following information:

Petition Number	Date Granted	Court	City/State of Court	Certificate Number
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12. If you are a legally authorized permanent resident alien, provide the "A" number from your alien registration card (I 151 or I 551). _____

13. If you do not have an alien registration card but are an alien authorized to be employed in the United States, please provide the "A" number from that authorization.

14. Have you lived at your current address for less than three (3) years? Yes No

If you answered "yes" to this question, complete the chart below indicating all of your residences during the past three (3) years, except your current residence.

Dates				Address (No., Street, Apt., City, County & State)	Own/Rent	Name, Address & Telephone No. of Landlord or Mortgage holder, if any
From		To				
Mo.	Yr.	Mo.	Yr.			

15. Have you ever before applied to the Iowa Racing and Gaming Commission for any license, permit, approval or registration? Yes No

If yes, complete the following:

Type of License, Permit Approval or Registration previously applied for	Date Application was filed	Disposition (Granted, Pending, Denied)	If Issued License(s), give License Number(s)

16. Have you ever applied in any jurisdiction for a license, permit or other authorization to participate in a lawful gambling operation (including casino gaming, horse racing, dog racing, pari-mutuel operation, lottery, sports betting, etc.)? Yes No

If yes, complete the following:

Type of Gambling Operation	Position Sought or Held	Licensing Agency (including State, County or Municipality)	Disposition (granted, pending, denied)	If issued License(s), give License number(s)

17. Employment History: List the last jobs you have had in the past five (5) years, beginning with the most recent and work backwards. Note with an asterisk (*) any employment where gaming was conducted on the premises.

Dates		Name and Address of Employer	Positions or Duties	Name of Supervisor	Reason for leaving
From	To				

18. For the purpose of this question, the word “arrest” includes any detaining, holding or taking into custody by any police or other law enforcement authority in order to answer for the alleged performance of any “offense” in this or any other state or foreign country; the word “charge” includes any indictment, complaint, information, summons, or other notice of the alleged commission of any “offense” in this or any other state or foreign country; and the word “offense” includes all misdemeanors, disorderly persons offenses and juvenile violations.

Have you ever been arrested or charged, even if not convicted, with any felony, misdemeanor, disorderly persons offense, juvenile offense or other offense, in Iowa or anywhere else?

Yes No

If yes, complete the following:

Type of Charge or Arrest and Date	Name and Address of Government Agency or Court Involved	Disposition (Convicted, Acquitted, Dismissed, Pending)	Date of Disposition	Sentence Received

19. Are you currently on probation or parole as a result of any charge listed above?
 Yes No

If yes, for which charge? _____

When is your court supervision schedule to be completed? _____

Initials _____

20. List the name, address, occupation and telephone numbers of three references who have known you well during the past five (5) years. (Do not list relatives or business associates).

20-1 Complete Name: _____
 First Middle Last

Approximate age: _____ Occupation: _____ # Years Acquainted: _____

Home Address: _____
 Street City State Zip Code

Business Address: _____
 Street City State Zip Code

Home #: _____ Business #: _____ Cell #: _____

20-2 Complete Name: _____
 First Middle Last

Approximate age: _____ Occupation: _____ # Years Acquainted: _____

Home Address: _____
 Street City State Zip Code

Business Address: _____
 Street City State Zip Code

Home #: _____ Business #: _____ Cell #: _____

20-3 Complete Name: _____
 First Middle Last

Approximate age: _____ Occupation: _____ # Years Acquainted: _____

Home Address: _____
 Street City State Zip Code

Business Address: _____
 Street City State Zip Code

Home #: _____ Business #: _____ Cell #: _____

SECTION 2
MILITARY SERVICE DATA

21. Have you ever served in a military organization of the United States or been an active or inactive member of the Reserve Forces of the United States? Yes No . If yes, provide the information listed below.

Branch of Service: _____

Service Serial #: _____ Highest Rank Held: _____

Period(s) of Active Service:

From _____ To _____ From _____ To _____

From _____ To _____ From _____ To _____

22. Have you ever served in a military organization of a foreign government? Yes No . If yes, provide the information listed below:

Country: _____ Branch of Service: _____

Service Serial #: _____ Highest Rank Held: _____

Period(s) of Active Service:

From _____ To _____ From _____ To _____

From _____ To _____ From _____ To _____

23. What is the type of your discharge or separation from military service? (Honorable, Dishonorable, Honorable Conditions, Medical, etc.)

24. Were you ever court martialed, tried on charges, or the subject of a summary court, desk court, captain's mast, company punishment, or the subject of any disciplinary action while in military service? Yes No . If yes, give details of the charges and their disposition.

Initials _____

**SECTION 3
MOTOR VEHICLE DATA**

25. Complete the following as to all motor vehicles currently registered to you or your spouse.

Year	Make & Model	License Number and State of Registry	Registered Owner	Expiration Date of Registration

26. List all current motor vehicle driver's licenses issued to you by this state or any other jurisdiction.

Date Issued	License Number	Type of License	Jurisdiction Issuing License	Expiration Date of License

Initials _____

FINANCIAL DATA

PERSONAL

27. Do you have any court-ordered child support obligations? Yes No

If yes, are you current with those payments? Yes No

28. Do you have any unpaid criminal citations or fines, including traffic violations?
 Yes No

29. Have you been a party to any civil litigation? Yes No

30. If you were the defendant in a civil case, do you have any overdue court-ordered obligations as a result of the case? Yes No

31. Do you have any outstanding student loans, backed by state or federal governments that are currently in repayment status? (i.e. Direct loans, Perkins loans, etc.) Yes No

If yes, are you current in those payments? Yes No

32. **TAX DATA**

STATE

Have you filed your state of residence income tax returns for the previous three (3) years?
Yes No .

If no, have you filed for an extension? Yes No .

If no, explain: _____

STATE REVENUE DEPARTMENT ADDRESS: _____

FEDERAL

Have you filed your federal income tax return for the previous three (3) years? Yes No .

If no, have you filed for an extension? Yes No .

If no, explain: _____

IRS OFFICE LOCATION: _____

Initials _____

USE THIS PAGE FOR ADDITIONAL INFORMATION. BE SURE TO INDICATE THE NUMBER OF THE QUESTION YOU ARE ANSWERING.

Initials _____

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STATE OF IOWA

AUTHORIZATION FOR EXAMINATION AND RELEASE OF INFORMATION

(TO BE COMPLETED IN THE PRESENCE OF A NOTARY PUBLIC)

I,

_____ ,
do hereby authorize a review, full disclosure and release of any and all records concerning myself to any duly authorized officer, agent or employee of the Iowa Division of Criminal Investigation, and/or the Iowa Racing and Gaming Commission, whether the records are of a public, private or confidential nature, including criminal history, with the following understandings:

1. The information reviewed, disclosed, or released may be used by the State of Iowa to conduct a thorough background investigation regarding me or my business entity and for any other lawful purpose.
2. I release the providers and users of the information collected pursuant to this Authorization from any liability under state or federal privacy laws and further release the State of Iowa, its officers, agents and employees from any liability which may be incurred as a result of the collections and use of the information.
3. If this Authorization is not sufficient to obtain access to certain records, it is understood that I may be requested to execute some other appropriate authorization or release, and that any failure to do so may be taken into consideration by the Iowa Racing and Gaming Commission and/or the Division of Criminal Investigation in their review of this application.
4. I understand that I may revoke this Authorization in writing at any time and the Iowa Racing and Gaming Commission and/or the Division of Criminal Investigation may take any such revocation of this Authorization into consideration in completing this background investigation.
5. This Authorization will automatically expire one year from the date it is signed.
6. A photocopy of this Authorization will have the same force and effect as the original.

DATE: _____ SIGNATURE: _____

APPLICANT'S NAME: _____
(Typed or Printed)

Notary Public

State

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STATE OF IOWA

CREDIT HISTORY DISCLOSURE AUTHORIZATION AND CONSENT FORM

PLEASE READ CAREFULLY

DISCLOSURE

This document serves solely as a clear and conspicuous written disclosure as required by the Federal Fair Credit Reporting Act set forth in Section 604 (b) to the applicant that a credit history check may be obtained for the purpose of this employment/licensing application. By the signature below, the applicant acknowledges that the Iowa Department of Public Safety, Division of Criminal Investigation and **Global Screening Solutions**, have made this disclosure.

APPLICANT AUTHORIZATION AND CONSENT FOR RELEASE OF INFORMATION

This release and authorization acknowledges that **Iowa Division of Criminal Investigation** may now, or any time while I am employed/licensed, conduct a verification of my credit history to fulfill the job and/or licensing requirements. The results of this verification process will be used to determine employment/ licensing eligibility for the position/license applied for. In the event that information from the report is utilized in whole or in part in making an adverse action decision with regard to your potential employment/licensing, before making the adverse decision, we will provide you with a copy of the consumer report and a description in writing of your rights under the law. I authorize **Global Screening Solutions** at 4833 Front Street B448, Castle Rock, CO 80108, 866-454-2325, customerservice@global-screeningsolutions.com, www.Global-ScreeningSolutions.com, and any of its agents, to disclose orally and in writing the results of this verification process to the designated authorized representative **Iowa Division of Criminal Investigation**. **Contact Global Screening Solutions, if you want to receive a copy of our Information Security Policy.**

I have read and understand this disclosure, and I authorize the credit history verification.

I authorize persons and other organizations and Agencies to provide **Global Screening Solutions** with all information that may be requested. I agree that any copy of this document is as valid as the original. According to the Federal Fair Credit Reporting Act, I am entitled to know if employment/licensing was denied based on information obtained through the credit history verification process.

CONFIDENTIAL INFORMATION FOR POSITIVE IDENTIFICATION PURPOSES ONLY

Applicant Last Name	First Name	Middle Name

List Other Names Used	Date of Birth (For Identification only)	Social Security Number

Current Address	City/State/Zip	Dates

Previous Address	City/State/Zip	Dates

Previous Address	City/State/Zip	Dates

_____	_____	← RELEASE MUST BE SIGNED
<i>Applicant's Signature</i>	<i>Today's Date</i>	

- I understand my credit report will be pulled from TransUnion and wish to receive a copy of the Credit Report from TransUnion directly. (California, Oklahoma, Minnesota residents only).*

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Do not sign this form unless all applicable lines have been completed.
Request may be rejected if the form is incomplete or illegible.

For more information about Form 4506-C, visit www.irs.gov and search IVES.

1a. Current name			2a. Spouse's current name (if joint return and transcripts are requested for both taxpayers)		
i. First name	ii. Middle initial	iii. Last name/BMF company name	i. Spouse's first name	ii. Middle initial	iii. Spouse's last name
1b. First taxpayer identification number (see instructions)			2b. Spouse's taxpayer identification number (if joint return and transcripts are requested for both taxpayers)		
1c. Previous name shown on the last return filed if different from line 1a			2c. Spouse's previous name shown on the last return filed if different from line 2a		
i. First name	ii. Middle initial	iii. Last name	i. First name	ii. Middle initial	iii. Last name
3. Current address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)					
a. Street address (including apt., room, or suite no.)		b. City	c. State	d. ZIP code	
4. Previous address shown on the last return filed if different from line 3 (see instructions)					
a. Street address (including apt., room, or suite no.)		b. City	c. State	d. ZIP code	
5a. IVES participant name, ID number, SOR mailbox ID, and address					
i. IVES participant name Iowa Division of Criminal Investigation		ii. IVES participant ID number 0000302214		iii. SOR mailbox ID 4PZJGH6WWE	
iv. Street address (including apt., room, or suite no.) 215 E 7th Street		v. City Des Moines		vi. State IA	vii. ZIP code 50319
5b. Customer file number (if applicable) (see instructions)			5c. Unique identifier (if applicable) (see instructions)		
5d. Client name, telephone number, and address (this field cannot be blank or not applicable (NA))					
i. Client name Iowa Division of Criminal Investigation				ii. Telephone number (515) 725-6034	
iii. Street address (including apt., room, or suite no.) 215 E 7th Street		iv. City Des Moines		v. State IA	vi. ZIP code 50319

Caution: This tax transcript is being sent to the third party entered on Line 5a and/or 5d. Ensure that lines 5 through 8 are completed before signing. (see instructions)

6. Transcript requested. Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request for line 6 transcripts

1040

a. Return Transcript **b. Account Transcript** **c. Record of Account**

7. Wage and Income transcript (W-2, 1098-E, 1099-G, etc.)

a. Enter a max of three form numbers here; if no entry is made, all forms will be sent.

b. Mark the checkbox for taxpayer(s) requesting the wage and income transcripts. If no box is checked, transcripts will be provided for all listed taxpayers

Line 1a Line 2a

8. Year or period requested. Enter the ending date of the tax year or period using the mm dd yyyy format (see instructions)

12 / 31 /2020 12 / 31 / 2021 12 / 31 /2022 / /

Caution: Do not sign this form unless all applicable lines have been completed.

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or, if applicable, line 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, at least one spouse must sign; however, if both spouses' names and TINs are listed in lines 1a-1b and 2a-2b, both spouses must sign the request. If signed by a corporate officer, 1 percent or more shareholder, partner, managing member, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-C on behalf of the taxpayer. **Note:** This form must be received by IRS within 120 days of the signature date.

Signatory attests that he/she has read the above attestation clause and upon so reading declares that he/she has the authority to sign the Form 4506-C. See instructions.

Sign Here	Signature for Line 1a (see instructions)		Date	Phone number of taxpayer on line 1a or 2a
	<input type="checkbox"/> Form 4506-C was signed by an Authorized Representative		<input type="checkbox"/> Signatory confirms document was electronically signed	
	Print/Type name			
	Title (if line 1a above is a corporation, partnership, estate, or trust)			
	Spouse's signature (required if listed on Line 2a)			Date
	<input type="checkbox"/> Form 4506-C was signed by an Authorized Representative		<input type="checkbox"/> Signatory confirms document was electronically signed	
Print/Type name				

Instructions for Form 4506-C, IVES Request for Transcript of Tax Return

Section references are to the Internal Revenue Code unless otherwise noted.

Future Developments

For the latest information about Form 4506-C and its instructions, go to www.irs.gov and search IVES. Information about any recent developments affecting Form 4506-C (such as legislation enacted after we released it) will be posted on that page.

What's New. Form 4506-C includes the Client company requesting transcripts and increased the number of Wage and Income transcripts requests.

General Instructions

Caution: Do not sign this form unless all applicable lines have been completed.

Designated Recipient Notification. Section 6103(c) limits disclosure and use of return information received pursuant to the taxpayer's consent and holds the recipient subject to penalties for any unauthorized access, other use, or redisclosure without the taxpayer's express permission or request.

Taxpayer Notification. Section 6103(c) limits disclosure and use of return information provided pursuant to your consent and holds the recipient subject to penalties, brought by private right of action, for any unauthorized access, other use, or redisclosure without your express permission or request.

Purpose of form. Use Form 4506-C to request tax return information through an authorized IVES participant. You will designate an IVES participant to receive the information on line 5a.

Note: If you are unsure of which type of transcript you need, check with the party requesting your tax information.

Where to file. The IVES participant will fax Form 4506-C with the approved IVES cover sheet to their assigned Service Center.

Chart for ordering transcripts

If your assigned Service Center is:	Fax the requests with the approved coversheet to:
Austin Submission Processing Center	Austin IVES Team 844-249-6238
Kansas City Submission Processing Center	Kansas City IVES Team 844-249-8128
Ogden Submission Processing Center	Ogden IVES Team 844-249-8129

Specific Instructions

Line 1a/2a (if spouse is also requested). For IMF Requests: Enter the First, Middle Initial, and Last Name in the indicated fields. If all characters will not fit, please enter up to 12 for First name and 22 for Last name. For BMF Requests: Enter the company name in the Last Name field. If all characters will not fit, please enter up to 22.

Line 1b/2b (if spouse is also requested). Enter the social security number (SSN) or individual taxpayer identification number (ITIN) for the individual listed on line 1a including the dashes in the correct format, or enter the employer identification number (EIN) for the business listed on line 1a including the dashes in the correct format.

Line 1c/2c (if spouse is also requested). Enter your previous name as shown on your last filed tax return if different than line 1a.

Line 3. Enter your current address in the indicated fields. If you use a P.O. Box, include it and the number in the Current Address field.

Line 4. Enter the address shown on the last return filed if different from the address entered on line 3.

Note: If the addresses on lines 3 and 4 are different and you have not changed your address with the IRS, file Form 8822, Change of Address, or Form 8822-B, Change of Address or Responsible Party — Business, with Form 4506-C.

Line 5b. Enter up to 10 numeric characters to create a unique customer file number that will appear on the transcript. The customer file number cannot contain an SSN, ITIN or EIN. Completion of this line is not required.

Line 5c. Enter up to 10 alpha-numeric characters to create a unique identifier that will show in the mailbox file information. The unique identifier cannot contain an SSN, ITIN or EIN. Completion of this line is not required.

Note. If you use an SSN, we will not input the information and the customer file number or unique identifier will reflect a generic entry of "9999999999".

Line 5d. Enter the Client company name, address, and phone number in the indicated fields. A Client company receives the requested tax transcripts from the IVES participant. If the IVES participant is also the Client company, the IVES participant information should be entered on Line 5a and 5d. These fields cannot be blank or Not Applicable (NA).

Line 6. Enter only one tax form number (1040, 1065, 1120, etc.) per request for all line 6 transcripts request types.

Line 6a. Return Transcript includes most of the line items of a tax return as filed with the IRS. A tax return transcript does not reflect changes made to the account after the return is processed. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120-H, Form 1120-L, and Form 1120-S. Return transcripts are available for the current year and returns processed during the prior 3 processing years.

Line 6b. Account Transcript contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns.

Line 6c. Record of Account provides the most detailed information as it is a combination of the Return Transcript and the Account Transcript. Available for current year and 3 prior tax years.

Line 7. The IRS can provide a transcript that includes data from these information returns: Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript. Enter up to three information return types. If no specific type is requested, all forms will be provided. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, Form W-2 information for 2016, filed in 2017, will likely not be available from the IRS until 2018. If you need Form W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213.

Line 8. Enter the end date of the tax year or period requested in mm dd yyyy format. This may be a calendar year, fiscal year or quarter. Enter each quarter requested for quarterly returns. Example: Enter 12 31 2018 for a calendar year 2018 Form 1040 transcript.



You must check the box in the signature area to acknowledge you have the authority to sign and request the information. The form will not be processed if unchecked.

Signature and date. Form 4506-C must be signed and dated by the taxpayer listed on line 1a and, if listed, 2a. The IRS must receive Form 4506-C within 120 days of the date signed by the taxpayer or it will be rejected. Ensure that all applicable lines, including lines 5a through 8, are completed before signing.

Authorized Representative: A representative can sign Form 4506-C for a taxpayer if the taxpayer has specifically delegated this authority to the representative on Form 2848, line 5a, and Form 2848 is attached to the Form 4506-C request. If you are Heir at Law, Next of Kin, or Beneficiary, you must be able to establish a material interest in the estate or trust. If Form 4506-C is signed by a representative, the Authorized Representative check box must be marked.

Electronic Signature: Only IVES participants that opt in to the Electronic Signature usage can accept electronic signatures. Contact the IVES participant for approval and guidance for electronic signatures. If the Form 4506-C is signed electronically, the Electronic Signature check box must be marked.

Individuals. Transcripts listed on line 6 may be furnished to either spouse if jointly filed. Signatures are required for all taxpayers listed on Line 1a and 2a.

Corporations. Generally, Form 4506-C can be signed by:

(1) an officer having legal authority to bind the corporation, (2) any person designated by the board of directors or other governing body, or (3) any officer or employee on written request by any principal officer and attested to by the secretary or other officer. A bona fide shareholder of record owning 1 percent or more of the outstanding stock of the corporation may submit a Form 4506-C but must provide documentation to support the requester's right to receive the information.

Partnerships. Generally, Form 4506-C can be signed by any person who was a member of the partnership during any part of the tax period requested on line 8.

All others. See section 6103(e) if the taxpayer has died, is insolvent, is a dissolved corporation, or if a trustee, guardian, executor, receiver, or administrator is acting for the taxpayer.

Documentation. For entities other than individuals, you must attach the authorization document. For example, this could be the letter from the principal officer authorizing an employee of the corporation or the letters testamentary authorizing an individual to act for an estate.

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to establish your right to gain access to the requested tax information under the Internal Revenue Code. We need this information to properly identify the tax information and respond to your request. You are not required to request any transcript; if you do request a transcript, sections 6103 and 6109 and their regulations require you to provide this information, including your SSN or EIN. If you do not provide this information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file Form 4506-C will vary depending on individual circumstances. The estimated average time is:

Learning about the law or the form 10 min.
Preparing the form 12 min.
Copying, assembling, and sending the form to the IRS 20 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506-C simpler, we would be happy to hear from you. You can write to:

Internal Revenue Service
 Tax Forms and Publications Division
 1111 Constitution Ave. NW, IR-6526
 Washington, DC 20224

Do not send the form to this address. Instead, see Where to file on this page.



Waiver Agreement and Privacy Act Statement

For fingerprint-based National Criminal History Record Checks for Noncriminal Justice Purposes
as authorized by state and/or federal statute

Pursuant to the Iowa User Agreement, this form must be acknowledged, completed and signed by every current or prospective licensee, employee, volunteer, and contractor/vendor, for whom fingerprint-based national criminal history records are requested by a Qualified Entity (QE) under state legislation or federal statute.

The person within the QE who is initiating the process and submitting fingerprints for noncriminal justice purposes must acknowledge and implement the privacy requirements of the QE, and complete and sign the QE portion of this form. The QE must also provide a copy of the executed Waiver Agreement and Privacy Act Statement to the applicant prior to submitting the applicant's fingerprints.

I hereby authorize (**QE Name**) _____
to submit a set of my fingerprints to the Iowa Department of Public Safety (DPS), Division of Criminal Investigation (DCI) for the purpose of accessing and reviewing Iowa and FBI national criminal history records that may pertain to me.

NONCRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

- You must be provided written notification that your fingerprints will be used to check the criminal history records of the FBI.
- You must be provided, and acknowledge receipt of, an adequate Privacy Act Statement when you submit your fingerprints and associated personal information. This Privacy Act Statement should explain the authority for collecting your information and how your information will be used, retained, and shared.
- If you have a criminal history record, the officials making a determination of your suitability for the employment, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The officials must advise you that the procedures for obtaining a change, correction, or update of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the criminal history record.
- You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.

RIGHT TO OBTAIN AND CHALLENGE ACCURACY OF CRIMINAL HISTORY RECORDS

The DCI does not allow agencies to provide a physical copy of the criminal history record received on an individual. However, the QE may show and/or discuss the information with you, the applicant, only. You may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <http://www.fbi.gov/services/cjis/identity-history-summary-checks>

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)



Waiver Agreement and Privacy Act Statement (Cont.)

FBI PRIVACY ACT STATEMENT

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

National Child Protection Act as amended by the Volunteers for Children Act (NCPA/VCA)

This section applies to QEs and applicants whose fingerprints are submitted under the authorization of the NCPA/VCA.

The QE is authorized under 34 USC 40102(a) to request a national criminal history record check for the purpose of determining whether you have been convicted of a crime that bears your fitness to have responsibility for the safety and well-being of children, the elderly, or individuals with disabilities.

Until the criminal history record check is complete, the QE may choose to deny you unsupervised access to children, elderly or individuals with disabilities or the QE may choose to deny your application or grant a limited or restricted license.

The noncriminal justice applicant's privacy rights apply to all applicant's whose fingerprints are submitted to request National Criminal History Record Checks for Noncriminal Justice Purposes, including under the NCPA/VCA authorization.

ACKNOWLEDGEMENT AND STATEMENT

I am a current or prospective (check one): Licensee Employee Volunteer Contractor/Vendor

Please complete the following information as it appears on a valid identification document:

Printed Name

Date of Birth

Residential Address

City

State

Zip Code



Waiver Agreement and Privacy Act Statement (Cont.)

(Please initial next to each statement to acknowledge)

_____ I understand that my fingerprints will be used to check the criminal history records of the FBI.

_____ I have been provided a copy of the Privacy Act Statement.

_____ I understand that I am entitled to challenge the accuracy and completeness of any information contained in the criminal history report, if any, received on me.

_____ I understand that the procedures for obtaining a change, correction, or update of my criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.

_____ I further understand that I will be afforded a reasonable amount of time to correct or complete the record, or decline to do so, before a final decision is made about my status as an employee, volunteer, contractor or subcontractor, or my eligibility for any pertinent license, certification or registration, adoption, or other benefit.

_____ I understand that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.

I **have** been convicted of a crime

I **have not** been convicted of a crime.

If convicted, describe the crime(s) and the particulars of the conviction(s) below. Use additional paper as needed:

By signing this Waiver Agreement, it is my intent to authorize the release and dissemination of any Iowa and/or national criminal history record that may pertain to me to the above-referenced QE with which I am employed, seeking employment with, seeking to serve as a volunteer for, or am seeking licensure from. I am also acknowledging that the above named QE has notified me of and that I understand my privacy rights as a noncriminal justice applicant. Furthermore, I authorize the QE to forward this agreement to DCI upon request.

Signature

Date

TO BE COMPLETED BY THE QUALIFIED ENTITY:

QE Name: _____ OCA: _____

Address: _____ Phone: _____

By signing this Agreement, I am acknowledging that, as the facilitator of this Agreement for the QE, prior to fingerprints being submitted to the DCI to be forwarded to the FBI, I have provided the applicant their rights and will carry out any agency requirements once the FBI results are received, if applicable. I have also provided the Privacy Act Statement and am making a copy of this executed agreement available to the applicant should they so request it.

QE Signature: _____ Date: _____

The QE **must provide a copy of this document to the applicant if requested** and **maintain the original at the QE** within the guidelines set forth in the Iowa User Agreement; **Do not send to DCI** unless requested. If fingerprints are submitted via Fieldprint, completion of this document is not required, although recommended.