

Georgia Crime Information Center (GCIC)
Service Agreement
Criminal History Record Checks by Employers and Licensing Authorities

Agency Name _____
Agency Address _____
City/State/Zip Code _____
Agency Mailing Address _____
City/State/Zip Code _____
Agency Phone Number _____
Agency Email Address _____
Agency ORI or OAC# _____
(As assigned by FBI or GCIC)

NOTE: If your agency/business does not have an ORI or OAC number, leave the ORI or OAC field blank. An ORI or OAC will be assigned to your agency and mailed to the above address.

IMPORTANT: The agency head, or designee, of a non-criminal justice agency, i.e. State, County or City Government, public or private school requesting an ORI number must submit a letter, on agency letterhead, with a brief description of services provided. Additionally, the request must state whether the agency is requesting an ORI to conduct FBI fingerprint-based record checks under the authority of 1) a specific state law (O.C.G.A.) that is a FBI approved Public Law (Pub. L.) 92-544 statute or, 2) federal authority (such as the Adam Walsh Child Protection and Safety Act). In addition, further information may be necessary for ORI requests submitted for FBI record checks under federal authority.

Will the ORI or OAC # be used for enrollment in Georgia Applicant Processing Services (GAPS)? ____

Agency Head

Agency Contact

Signature

Signature

Print Name/Title

Print Name/Title

Date

Date

Mail Signed Applicant Service Agreement to:

**Georgia Bureau of Investigation (GBI)
Georgia Crime Information Center (GCIC)
CCH/Identification Services Unit
P.O. Box 370748
Decatur, Georgia 30037-0748
FAX: 404-270-8417
EMAIL: GAApplicant@gbi.ga.gov**