



## Louisiana State Board of Medical Examiners

630 Camp Street, New Orleans LA 70130

Phone: (504) 568-6820; Website: [www.lsbme.la.gov](http://www.lsbme.la.gov)

### Background Check Fingerprinting Instructions

#### **Option 1: Mailing background check packet to LSBME for processing**

This process can take 60-90 days. Prints can be rejected for various reasons. You will be notified immediately (via email) should this occur.

\*When being fingerprinted, please emphasize the need for clear, legible prints. Fingerprints are being rejected more frequently and this results in re-prints having to be done. This, in turn, will delay the licensure process.

Contact any local police station, sheriff's office or private agency authorized to take fingerprints. We recommend contacting in advance to check on availability of digital fingerprinting (as well as ink), hours of operation, costs (you will need 2 FBI cards). If digital fingerprints are taken, images MUST be transferred onto FBI cards. If agency does not supply FBI fingerprint cards, email [lsbmeCBC@lsbme.la.gov](mailto:lsbmeCBC@lsbme.la.gov) with your name and mailing address and a packet will be mailed to you.

#### **Packet mailed to LSBME must include**

- 2 completed FBI fingerprint cards:
  - Name, SS#, Date of Birth, Sex, Race, Height, Weight, Eyes, Hair, Place of Birth filled in.
  - Your signature must be on cards.
- Fee \$46.25 - **Money Order, Cashier's Check ONLY** (made payable to LSBME). **NO PERSONAL CHECKS!!!!!!**
- Louisiana State Police – Background Authorization Form (complete bottom of form)
- Rapsheet Disclosure Form (complete middle of form)
- Credential Checklist Form
- LSBME Privacy Act Statement

#### **Mailing Address**

- LSBME, Attn: CBC, 630 Camp St, New Orleans, LA, 70130.

#### **Option 2: Going to Baton Rouge, Louisiana for fingerprinting**

This option produces the fastest results.

Only Location:

Louisiana State Police Office  
7919 Independence Blvd  
Baton Rouge, LA, 70806  
Phone: (225) 925-6006

#### **Checklist**

At the police office, state that you need a background check done for the LSBME.

- Fingerprinting fee: \$10.00
- Forms of payment: **Credit Card, Money Order, Cashier's Check or Business Check payable to DPSC**
- Louisiana State Police - Authorization Form (complete bottom of form)
- Applicant Processing - Disclosure Form (complete middle of form)
- Automated Processing Form (to be stamped by state police)
- Current Government Issued ID or Current Passport

#### **Mail to LSBME, 630 Camp Street, New Orleans, LA 70130**

- Automated Processing Form.
- Fee \$46.25 - **Money Order, Cashier's Check ONLY** (made payable to LSBME). **NO PERSONAL CHECKS!!!!!!**
- LSBME Privacy Act Statement



# BACKGROUND CHECK AUTHORIZATION FORM - LSBME

Louisiana State Police  
Bureau of Criminal Identification and Information  
P.O. Box 66614 (Mail Slip A-6)  
Baton Rouge, LA 70896

Acceptable forms of payment include: Cashier Check, Business Check with pre-printed business name or Money Order  
Credit Card payments are accepted when paying in person at Louisiana State Police Headquarters

**\*\*FORMS MUST BE FILLED OUT IN INK AND BE REVIEWED BY SUBMITTING AGENCY/INDIVIDUAL FOR ACCURACY\*\***  
**\*\*\*FINGERPRINTS ARE NECESSARY FOR A POSITIVE IDENTIFICATION\*\*\***

\*\*\*PLEASE PRINT\*\*\*

AGENCY, FACILITY OR INDIVIDUAL

AGENCY, FACILITY AUTHORIZED REPRESENTATIVE OR INDIVIDUAL

MAILING ADDRESS

SIGNATURE OF AUTHORIZED REPRESENTATIVE/INDIVIDUAL

CITY

STATE

ZIP CODE

( )  
AGENCY, FACILITY OR INDIVIDUAL PHONE NUMBER

AGENCY OR FACILITY E-MAIL ADDRESS

**Request For: (pick one only) LA920140Z (LBME)**

\_\_\_\_ PHYSICIAN OR SURGEON (37:1261-1291)

\_\_\_\_ ATHLETIC TRAINER (37:3301-3312)

\_\_\_\_ PODIATRIST (37:611-628)

\_\_\_\_ ACUPUNC / ACUPUNC ASSISTANT (37:1356-1360)

\_\_\_\_ PHYSICIAN ASSISTANT (37:1360.21-1360.38)

\_\_\_\_ PRIVATE RADIOLOGICAL TECH (37:1292)

\_\_\_\_ MIDWIFE PRACTITIONER (37:3240-3257)

\_\_\_\_ DISPENSING PHYSICIAN (LAC 46:XLV 6501-6561)

\_\_\_\_ RESP THER / RESP THER ASSISTANT (37:3351-3361)

\_\_\_\_ MEDICAL PSYCHOLOGIST (LRS 37:1630 & 37:1270)

\_\_\_\_ OCC THER / OCC THER ASSISTANT (37:3001-3014)

\_\_\_\_ POLY TECH/TECHNOL (LRS 37:2863 & 37:1270)

\_\_\_\_ CLINICAL LAB SCIENTIST (37:1311-1329)

\_\_\_\_ PERFUSIONIST (LRS 37:1338.1)

\_\_\_\_ CLINICAL EXERCISE PHYSIOLOGIST (37:3421-3433)

\_\_\_\_ GENETIC COUNSELING (LRS 37:1360.104.1)

\_\_\_\_ INTERSTATE COMPACT LICENSING (37: 1310.1)

APPLICANTS FULL NAME: \_\_\_\_\_  
\*\*\*PRINT - USE INK\*\*\* LAST FIRST MIDDLE

\*INCLUDE MAIDEN NAME & PREVIOUS MARRIED NAMES BELOW IF APPLICABLE:

\*LAST FIRST MIDDLE

APPLICANTS SOCIAL SECURITY # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ RACE \_\_\_\_ SEX \_\_\_\_

DRIVERS LICENSE or ID # \_\_\_\_\_ STATE \_\_\_\_

POSITION or LICENSE APPLIED FOR \_\_\_\_\_

APPLICANTS SIGNATURE: \_\_\_\_\_

APPLICANTS PHONE NUMBER: \_\_\_\_\_

## AUTHORIZATION TO DISCLOSE CRIMINAL HISTORY RECORDS INFORMATION

By my signature above, I hereby authorize the Louisiana State Police to release all pertinent criminal record information maintained in their files, other states files, or the FBI files (if applicable) which may confirm or deny my eligibility with the facility or agency named above. Pursuant to Title 28, C.F.R., Section 16.34, officials making the determination of suitability for licensing or employment shall provide the opportunity to complete, or challenge the accuracy of, the information contained in the FBI identification record.

**DPSSP 6696 (LSBME)**

Revised 3/16/2022

ATN: \_\_\_\_\_

SID: \_\_\_\_\_

**RAPSHEET DISCLOSURE  
BUREAU OF CRIMINAL IDENTIFICATION AND INFORMATION  
P.O. BOX 66614 (MAIL SLIP A-6)  
BATON ROUGE, LA 70896**

\_\_\_\_\_  
AGENCY, BUSINESS OR INDIVIDUAL NAME

\_\_\_\_\_  
MAILING ADDRESS

\_\_\_\_\_  
CITY STATE ZIP CODE

**NOTICE:  
PLEASE PRINT OR TYPE  
INFORMATION, EXCLUDING  
ADMINISTRATORS OR AUTHORIZED  
PERSONS SIGNATURE.  
  
INCOMPLETE FORMS WILL NOT BE  
PROCESSED.**

APPLICANT NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

RACE: \_\_\_\_\_ SEX: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_

HAIR COLOR: \_\_\_\_\_ EYE COLOR: \_\_\_\_\_ BIRTH STATE: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_ DRIVER LICENSE/ID: \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE: (For Bureau of Criminal Identification and Information Use Only)**

**CRIMINAL HISTORY DETERMINATION**

**ALL INFORMATION RELEASED MUST REMAIN STRICTLY CONFIDENTIAL AND ONLY THOSE  
AUTHORIZED BY LAW TO RECEIVE THIS INFORMATION MAY SUBMIT A REQUEST.**

**NOTICE:** The response to your request for a criminal history check is based on a review of the State of Louisiana's criminal history records database as is available at the time of request. This does not preclude the possible existence of an arrest or conviction information not available in our database.

☐ RAPSHEET ATTACHED

☐ RESPONSE BELOW



## Louisiana State Board of Medical Examiners

630 Camp Street, New Orleans LA 70130

Phone: (504) 568-6820; Website: [www.lsbme.la.gov](http://www.lsbme.la.gov)

### CREDENTIAL CHECKLIST

#### CHECK LICENSE CATEGORY

- |   |  |
|---|--|
| <input type="checkbox"/> Physician                      | <input type="checkbox"/> Medical Psychologist              |
| <input type="checkbox"/> Physician Training Permit      | <input type="checkbox"/> Midwifery                         |
| <input type="checkbox"/> American Graduate              | <input type="checkbox"/> Occupational Therapist/Assistant  |
| <input type="checkbox"/> International Graduate         | <input type="checkbox"/> Physician Acupuncturist           |
| <input type="checkbox"/> Dispensing Physician           | <input type="checkbox"/> Physician Assistant               |
| <input type="checkbox"/> Telemedicine Permit            | <input type="checkbox"/> Perfusionist                      |
| <input type="checkbox"/> Acupuncture Detox Specialist   | <input type="checkbox"/> Podiatrist                        |
| <input type="checkbox"/> Athletic Trainer               | <input type="checkbox"/> Polysomnographic Technician       |
| <input type="checkbox"/> Clinical Exercise Physiologist | <input type="checkbox"/> Polysomnographic Technologist     |
| <input type="checkbox"/> Clinical Lab Personnel         | <input type="checkbox"/> Private Radiological Technologist |
| <input type="checkbox"/> Genetic Counselor              | <input type="checkbox"/> Respiratory Therapist             |
| <input type="checkbox"/> Licensed Acupuncturist         |  |



#### CHECKLIST

- \_\_\_\_\_ 2 completed FBI fingerprint cards (on cardstock, not paper)
- \_\_\_\_\_ Did you fill in your Name, SS#, Date of Birth, Sex, Race, Height, Weight, Eyes, Hair, Place of Birth?
- \_\_\_\_\_ Did you sign the cards?
- \_\_\_\_\_ Processing fee: Refer to the Fingerprinting Instructions for the appropriate fee. **\*\*NO PERSONAL CHECKS.**
- \_\_\_\_\_ Form - Louisiana State Police – Background Authorization Form-LSBME (bottom of form completed)
- \_\_\_\_\_ Form - Rapsheet Disclosure Form (middle of form completed)
- \_\_\_\_\_ Form - Privacy Act Statement (completed and signed)
- \_\_\_\_\_ Form - Credential Checklist - this form

Printed Name of Applicant: \_\_\_\_\_  
Last First

Date of Birth: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Clearly Print Mailing Address:

\_\_\_\_\_  
Street Apt

\_\_\_\_\_  
City

\_\_\_\_\_  
State Zip



## Louisiana State Board of Medical Examiners

### Automated Processing Form Baton Rouge, Louisiana ONLY

Complete this form **ONLY** if going to the state police office in Baton Rouge, Louisiana for fingerprinting.

If you choose this option:

- Go to Louisiana State Police Office, 7919 Independence Blvd, Baton Rouge, LA 70806  
Phone: (225) 925-6006
- Request Automated Processing

Payments: See the instruction sheet for appropriate fee.

Required Forms:

- Louisiana State Police Authorization Form (bottom completed)
- Rapsheet Disclosure Form (middle completed)
- Automated Processing Form (complete below)

Name	
Street Address	
City, State, Zip	
SSN	
License Applied For	
Date of Birth	
Race	
Sex	
Height	
Weight	
Driver's License	#: _____ State: _____

**Must be stamped by  
Louisiana State Police**

**Important:** Return this stamped form to the LSBME to ensure that we receive your results.

**Mail to LSBME, 630 Camp Street, New Orleans, LA 70130**

- Automated Processing Form.
- Fee \$46.25 - **Money Order, Cashier's Check ONLY** (made payable to LSBME). **NO PERSONAL CHECKS!!!!!!**



## APPLICANT NOTIFICATION AND ACKNOWLEDGEMENT

### LSBME Privacy Act Statement

(This form must be completed and signed by every individual for background screening purposes)

This serves as a notification from the Louisiana State Board of Medical Examiners (LSBME) that your fingerprints will be used to check the criminal history records of the Louisiana Bureau of Criminal Identification and Information of the Office of State Police, within the Department of Public Safety and Corrections (the "Bureau") and the Federal Bureau of Investigation (FBI). The collection of applicant fingerprints by LSBME is authorized by La. R.S. 37:1277.<sup>1</sup>

Applicants are also advised that their fingerprint images will be retained in State and Federal databases. Further, LSBME participates in the FBI's Rap Back Program, which includes automatic notifications made by FBI to LSBME indicating that an applicant who is licensed or otherwise under the purview of LSBME has been arrested for a reported criminal offense.

Criminal history records obtained by LSBME from the Bureau and/or the FBI will be used solely for the purpose of LSBME licensure, including initial licensure, renewal licensure or otherwise, and will not be disseminated outside the receiving agency.

You may obtain a copy of your FBI criminal history record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at: <https://www.fbi.gov/services/cjis/identity-history-summary-checks>.

Additionally, LSBME will grant applicants a reasonable time to correct or complete the criminal history record (or decline to do so) before LSBME makes a decision about the status of an application.

LSBME is required to collect an applicant's federal social security account number for licensing. The authority to request and maintain such personal information is found at LAC 46XLV.359 *et seq.* It will be used for verifying identification associated with an application for, or renewal of, licensure or permit. It may also be used by child support enforcement agencies or their authorized representatives of this or other states established pursuant to 42 U.S.C. §666(a)(13), to establish, modify or enforce an order of support, but will not be available to the public.

By signing this form, you are acknowledging the receipt of the LSBME Privacy Act Statement, Louisiana State Police (LSP) Privacy Act Statement, Noncriminal Justice Applicant Privacy Rights, FBI Privacy Act Statement and Fingerprint Challenge Rights Notice. Please sign below, keep a copy for yourself, and return a signed copy to the LSBME at 630 Camp Street New Orleans, LA 70130, or upload it to your LSBME application portal/dashboard. Submission of your fingerprints establishes that you've received these documents.

Print Name: \_\_\_\_\_  
(First, Middle, Last)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<sup>1</sup> Each LSBME license type requires and permits, pursuant to the following Louisiana Revised Statutes, criminal background checks: Physician and Surgeon (37:1261-1291); Interstate Compact License, Physician and Surgeon (37:1310.1§5(b)(2)); Athletic Trainer (37:3301-3312); Podiatrist (37:611-628); Acupuncturist/Acupuncturist Asst. (37:1356-1360); Physician's Assistant (37:1360.21-1360.38); Midwife Practitioner (37:3240-3257); Private Radiological Tech (37:1292); Dispensing Physician (LAC 46:XLV 6501-6561); Respiratory Therapy/Respiratory Therapy Asst. (37:3351-3361); Medical Psychologist (37:1630.53 & 37:1270); Occupational Therapy/Occupational Therapy Asst. (37:3001-3014); Polysomnography Technologist (37:2863 & 37:1270); Clinical Lab Scientist (37:1311-1329); Perfusionist (37:1338.1); Clinical Exercise Physiologist (37:3421-3433); Genetic Counselor (37:1360.104.1).



## NONCRIMINAL JUSTICE APPLICANT PRIVACY RIGHTS

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for a license or permit), you have certain rights which are discussed below. All notices must be provided to you in writing.<sup>1</sup> These obligations affecting federal governmental entities are pursuant to 5 USCA §552a and 28 C.F.R. §50.12, among other authorities.

- You must be provided an adequate written FBI Privacy Act Statement (dated 2013 or later) when you submit your fingerprints and associated personal information. This Privacy Act Statement must explain the authority for collecting your fingerprints and associated information and whether your fingerprints and associated information will be searched, shared, or retained.<sup>2</sup>
- You must be advised in writing of the procedures for obtaining a change, correction, or update of your FBI criminal history record as set forth at 28 CFR 16.34.
- You must be provided the opportunity to complete or challenge the accuracy of the information in your FBI criminal history record (if you have such a record).
- 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 FBI criminal history record.
- You may obtain a copy of your criminal history record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <https://www.fbi.gov/services/cjis/identity-history-summary-checks> and <https://www.edo.cjis.gov>.
- If you decide to challenge the accuracy or completeness of your FBI criminal history record, you may send your challenge directly to the FBI by submitting a request via <https://www.edo.cjis.gov> or in writing, via US Mail to: FBI, Criminal Justice Information Services (CJIS) Division, ATTN: SCU, Mod. D–2, 1000 Custer Hollow Road, Clarksburg, WV 26306. 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.)
- 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. See, 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 34 U.S.C. § 40316 (formerly cited as 42 U.S.C. § 14616), Article IV(c); 28 CFR 20.21(c), 20.33(d) and 906.2(d).

Updated 11/6/2019

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<sup>1</sup> Written notification includes electronic notification, but excludes oral notification.

<sup>2</sup> <https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement>



## FBI Privacy Act Statement

*This privacy act statement is located on the back of the [FD-258 fingerprint card](#).*

**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.





## FINGERPRINT CHALLENGE RIGHTS NOTICE

### Challenging Accuracy of Background Checks

If you believe the results of your background check are not complete or are incorrect, you have an opportunity to complete or challenge the accuracy of the information. LSBME will afford you a reasonable amount of time to correct or complete your record before a licensing decision is made. To complete or challenge the accuracy of your record:

Please submit a formal "challenge request" to revise your Identity History Summary. A challenge request can be made by:

You can submit a challenge request directly to the FBI electronically or in writing. If you choose to submit your request electronically, you can visit the FBI's website at <https://www.edo.cjis.gov>, and following the steps listed under the "Challenging Your Identity History Summary" section. Written submissions should be sent to:

FBI CJIS Division  
Attn: Criminal History Analysis Team I  
1000 Custer Hollow Road  
Clarksburg, WV 26306

For challenges/changes to Louisiana criminal history results individuals must submit a "Right to Review Authorization Form" and a "Right to Review Disclosure Form", which may be downloaded from the Louisiana State Police website, <http://www.lsp.org/technical.html>, along with fingerprints and the appropriate fees to the LSP Bureau. Individuals can use this record to identify, if applicable, the date of arrest, the identity of an arresting agency, and disposition information. This criminal history record may only be given to the individual, his authorized representative or his attorney per La. Revised Statute 15:588.

Challenge requests may require the submission of certified court documents. You should contact the respective court prior to submitting a challenge request. Photocopies of these documents are not accepted unless they contain a raised seal placed on the document by the court.

LSBME will place your application on hold for a period of 45 days. You must submit official Identity History Summary communication from the FBI documenting the correction(s) in your Identity History Summary. Please do not submit photocopies of such documents. Failure to provide documentation will result in the withdrawal or denial of your application.



# LSP 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. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

**Social Security Account Number (SSAN).** Your SSAN is needed to keep records accurate because other people may have the same name and birth date. Pursuant to the Federal Privacy Act of 1974 (5 USC 552a), the requesting agency is responsible for informing you whether disclosure is mandatory or voluntary, by what statutory or other authority your SSAN is solicited, and what uses will be made of it. Executive Order 9397 also asks Federal agencies to use this number to help identify individuals in agency records.

**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.

**Additional Information:** The requesting agency and/or the agency conducting the application investigation will provide you additional information pertinent to the specific circumstances of this application, which may include identification of other authorities, purposes, uses, and consequences of not providing requested information. In addition, any such agency in the Federal Executive Branch has also published notice in the Federal Register describing any system(s) of records in which that agency may also maintain your records, including the authorities, purposes, and routine uses for the system(s).

*Taken from the Louisiana State Police website*