



Requirements for Montana Class 4 Career and Technical Educator Licensure

There are three different types of Class 4 licenses:

1. **Class 4A:** Issued to individuals holding a valid Montana teaching license, but without an appropriate career and technical education endorsement; **OR**
2. **Class 4B:** Issued to individuals with at least a bachelor's degree, but who do not hold a valid Montana teaching license with the appropriate career and technical education endorsement; **OR**
3. **Class 4C:** Issued to individuals who hold at least a high school diploma or high school equivalency (GED) diploma and meet the minimum requirements for endorsement.

To obtain an endorsement on a Class 4 license, an applicant must provide verification of a minimum of 10,000 hours of documented, relevant work experience which may include:

- Apprenticeship training, documenting the knowledge and skills required in the specific trade in which they are to teach.
- Work experience completed and verified by previous employers, to include a detailed description of the duties performed during employment;
- Self-employed individuals, examples of projects completed, letters of verification from clients or customers, profit and loss statements demonstrating the viability of the business or self-employment;
- Verification of teaching experience in the area requested for endorsement, accompanied by verification of substantial work experience in the area requested for endorsement; or
- Certificates of completion of appropriate technical programs or related college degrees and coursework, and industry certification (e.g., ASE, AWS).

Acceptable documentation of relevant work experience is determined by the Superintendent of Public Instruction.

Application Checklist	Completed
All sections of the application have been completed and I have indicated the endorsement/endorsements I am applying for.	
I have enclosed a check or money order payable to Montana OPI for \$36; this includes a one-time filing fee of \$6. CASH PAYMENTS WILL NOT BE ACCEPTED.	
I have enclosed a copy of my high school transcript/diploma or GED certificate.	
I have enclosed official transcripts or requested official transcripts be sent to the Montana OPI from all institutions I have attended. Official transcripts may be sent electronically from the college or university to cert@mt.gov . Unofficial transcripts will NOT be accepted.	
I have signed and dated the bottom of the Character and Fitness information page.	
I have recited the oath in the presence of a licensed notary and signed the Notary page.	
I have submitted my fingerprint background check to the Montana Department of Justice .	
I have included my signed, original renewal unit certificate of completion for "An Introduction to Indian Education for All". (Keep a copy for your records)	
I have filled out the top section of the Verification of Work Experience form and sent it to my employer(s) for completion.	
I have submitted documentation in support of the requested endorsement area(s).	
Note: 10,000 hours of experience is required for each endorsement area(s) unless otherwise stated.	

Important: Applications will not be processed until all required documentation/information has been received. Please track/view your application by creating an account in the Montana State Educator Information System (MSEIS) at the following link: <https://apps3.opi.mt.gov/SSO/Login/Login.aspx>. (Select Create New User Account in the upper right-hand quadrant on the page)

Montana Class 4 Career and Technical Educator License Application

Please complete all sections of this application. Incomplete applications will not be evaluated. For questions regarding the application process, please refer to our website [Career and Technical License page](#).

All licenses are issued effective July 1st. Indicate the school year for your initial license to be active: _____					
Last Name:		First Name:		Middle Initial:	
Mailing Address:					
City:		State:	Zip Code:	Former Name(s):	
Phone Number:		Email Address:			
Last Four Digits of Your SSN:		Date of birth:		Gender: <input type="radio"/> Male <input type="radio"/> Female	
Race (Choose one or more): <input type="radio"/> American Indian/Alaska Native <input type="radio"/> Black/African American <input type="radio"/> Asian <input type="radio"/> Native Hawaiian/Pacific Islander <input type="radio"/> White				Ethnicity: <input type="radio"/> Hispanic <input type="radio"/> Non-Hispanic	
Have you ever held a Montana Educator License? <input type="radio"/> Yes <input type="radio"/> No			If so, please indicate under what name:		
Have you ever held an educator license from another state? <input type="radio"/> Yes <input type="radio"/> No			If so, please indicate what state/states:		
Please indicate which Class 4 license and endorsement(s) you are applying for:					
<input type="radio"/> Class 4A I hold a Montana Class 1 or 2 Educator License		<input type="radio"/> Class 4B I have earned a Bachelor's Degree or above		<input type="radio"/> Class 4C I have graduated from High School or earned a GED	
Industrial, Manufacturing, and Engineering Systems	<input type="radio"/> Auto Body	<input type="radio"/> Electronics			
	<input type="radio"/> Automotive Technology	<input type="radio"/> Heavy Equipment Operations			
	<input type="radio"/> Aviation	<input type="radio"/> Industrial Mechanics			
	<input type="radio"/> Building Maintenance	<input type="radio"/> Machining			
	<input type="radio"/> Building Trades	<input type="radio"/> Metals			
	<input type="radio"/> Diesel Mechanics	<input type="radio"/> Small Engines			
	<input type="radio"/> Drafting	<input type="radio"/> Welding			
Agriculture, Food, and Natural Resources	<input type="radio"/> Agriculture Business	<input type="radio"/> Livestock Production			
	<input type="radio"/> Agriculture Mechanics	<input type="radio"/> Plant and Soil Sciences			
	<input type="radio"/> Horticulture				
Other Endorsement Areas	<input type="radio"/> Aviation	<input type="radio"/> Graphic Arts			
	<input type="radio"/> Computer Coding	<input type="radio"/> Health Science Education			
	<input type="radio"/> Computer Information Systems	<input type="radio"/> ROTC			
	<input type="radio"/> Culinary Arts	<input type="radio"/> Stagecraft			
	<input type="radio"/> Emergency Medical Technician	<input type="radio"/> Teacher Education			
	<input type="radio"/> Engineering	<input type="radio"/> Traffic Education			
	<input type="radio"/> Fire and Disaster Services	<input type="radio"/> Videography			

For the specific endorsement areas below, an alternative or addition to the requirement of 10,000 hours of work experience may be substituted as follows:

Health Science Education:

- Hold a Class 1 or 2 license with an endorsement in health or any of the science areas; **AND**
- Provide verification of successful completion of a blended learning professional development course of at least 80 hours by a provider recognized by the Office of Public Instruction and the Board of Public Education; **AND**
- Successful completion of coursework in human biology or anatomy and physiology; **OR**
- Hold a current professional license in a related health occupation field.

Emergency Medical Technician (EMT):

- Hold a Class 1 or 2 license; **AND**
- Hold a current CPR/First Aid certificate and a current license as a lead instructor obtained through the Montana Board of Medical Examiners (regulated under ARM 24.156.27); **AND**
- Provide verification of 2,000 hours of EMT experience; **AND**
- Provide verification of successful completion of a blended learning professional development course offered by the Office of Public Instruction.

Engineering:

- Hold a Class 1 or 2 license with an endorsement in Math or Science; **AND**
- Provide verification of successful completion of a blended learning professional development course of at least 80 hours by a provider recognized by the Office of Public Instruction and the Board of Public Education.

Computer Coding:

- Hold a Class 1 or 2 license; **AND**
- Provide verification of successful completion of a blended learning professional development course of at least 80 hours by a provider recognized by the Office of Public Instruction and the Board of Public Education.

Computer Information Systems:

- Provide verification of completion of an approved technical program in a recognized training institution and hold a professional license or industry standard certificate recognized by the Office of Public Instruction and the Board of Public Education.

Emergency Medical Technician (EMT):

- Hold a Class 1 or 2 license; **AND**
- Hold a current CPR/First Aid certificate and a current license as a lead instructor obtained through the Montana Board of Medical Examiners; **AND**
- Provide verification of a minimum of 2,000 hours of EMT experience.

Fire and Disaster Services:

- Hold a Class 1 or 2 license; **AND**
- Provide verification of a minimum of 2,000 hours of employment in fire services or law enforcement; **AND**
- Provide verification of successful completion of a blended learning professional development course offered by the Office of Public Instruction.

ROTC Instructor:

- Bachelor's degree from a regionally accredited university or college; **AND**
- Provide evidence of certification by the appropriate branch of the U.S. military.

Teacher Education:

- Hold a Class 1 or 2 license; **AND**
- Provide verification of successful completion of five years of professional experience as a licensed educator.

Traffic Education:

- 4A Hold a Class 1 or 2 license; 4B hold a bachelor's degree and 4C High School Diploma or Equivalent; **AND**
- a minimum of 8 semester (12 quarter) hours of credit course work in traffic safety education which must include:
 - driver task analysis (classroom instruction for traffic education) course; **AND**
 - behind-the-wheel (developing vehicle operational skills) course; **AND**
 - Uniform Vehicle Code, motor vehicle laws of Montana, and due process course; **AND**
 - student teaching experiences in classroom and behind-the-wheel situations with novice driving students under the direct supervision of a qualified teacher; **AND**
 - a valid driver's license with a verified acceptable driving record; **AND**
 - instructor certification to administer the CDTP driver's license knowledge exam; **AND**
 - must complete credit course work in teaching strategies, class management
 - 4B and 4C must also have 10,000 hours documented relevant work experience

ADDITIONALLY, ALL APPLICANTS MUST: Complete the free, on-line course "An Introduction to Indian Education for All in Montana" <http://learninghub.mrooms.net/course/index.php?categoryid=105>

For questions regarding these considerations please call us at 406-444-3150.

Academic and Education Experience

- **Official transcripts must be submitted for all colleges or universities attended.**
- **Electronic transcripts can be sent from the college or an official transcript clearinghouse to: cert@mt.gov**

<p>(Please print) Name of High School: _____</p> <p>City & State: _____</p> <p>Date of Graduation: _____ High School Diploma or Transcript, Circle One: Requested Enclosed</p> <p>*****</p> <p>Date of GED: _____ GED Diploma, Circle One: Requested Enclosed</p>
<p>(Please print) Name of College or University: _____</p> <p>City & State: _____</p> <p>Degree Earned, Circle All That Apply: Bachelors Masters Other None</p> <p>Major: _____</p> <p>Minor: _____</p> <p>Educator Preparation Program Completed, Circle One: Yes No Transcripts, Circle One: Requested Enclosed</p>
<p>(Please print) Name of College or University: _____</p> <p>City & State: _____</p> <p>Degree Earned, Circle All That Apply: Bachelors Masters Other None</p> <p>Major: _____</p> <p>Minor: _____</p> <p>Educator Preparation Program Completed, Circle One: Yes No Transcripts, Circle One: Requested Enclosed</p>
<p>(Please print) Name of College or University: _____</p> <p>City & State: _____</p> <p>Degree Earned, Circle All That Apply: Bachelors Masters Other None</p> <p>Major: _____</p> <p>Minor: _____</p> <p>Educator Preparation Program Completed, Circle One: Yes No Transcripts, Circle One: Requested Enclosed</p>

Montana Class 4 Career and Technical Educator Verification of Work Experience

This form must be completed by each employer to verify at least 10,000 hours of work experience.

Applicant Information (To Be Completed By The Applicant):

Last Name	First Name	MI
Address		City
State	Zip Code	Former Name(s)

Remainder of this form is to be completed & signed by the Employer.


NOTE: Return original form to the Applicant, or to the OPI – Licensure Unit, PO Box 202501, Helena MT 59620-2501

Name of Employer			
City/State			
Position(s) held during period of employment			
Type of Employment	<input type="radio"/> Full Time	<input type="radio"/> Part Time	If Part time, please indicate number of hours per week: _____
Period of Employment	From _____ / _____ / _____ Month Day Year		To _____ / _____ / _____ Month Day Year

Job Duties:
Please describe in detail the duties required for the position held during the period of employment referenced above. Other supporting documents may be attached as needed. Please attach a position description if available.

Name and title of the person completing this form: (Please print)			
Signature			
Address			
City	State	Zip Code	
Date	Email Address	Phone Number	

Character and Fitness (answer all questions to avoid delays)

Last Name:		First Name:		MI:
1. Do you currently hold or have you ever held a professional certificate, license, or other credential in ANY field (e.g. education, cosmetology, social work, outfitting, and acupuncture) in Montana or any other state? If yes, please provide the following information for every certificate, license, or credential.				<input type="radio"/> Yes <input type="radio"/> No
State or Jurisdiction		Type of License		Certificate or License Number
2. Have you ever had adverse action taken <u>against</u> any professional certificate, license, or other credential issued for practice in ANY field, or is any such action pending? If yes, select the actions below and explain on a separate sheet, providing dates, locations, circumstances, and outcome for each incident. Sign and date each page.				<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Previously Disclosed
<input type="radio"/> Letter of Warning	<input type="radio"/> Suspension	<input type="radio"/> Voluntary Surrender	<input type="radio"/> Failure to Renew	<input type="radio"/> Other (please describe)
<input type="radio"/> Reprimand	<input type="radio"/> Denial	<input type="radio"/> Revocation	<input type="radio"/> Cancellation	
3. Have you ever resigned or been disciplined, discharged, or asked to resign or retire from a professional position or military service because of allegations of misconduct, or is any such action pending? This includes discipline for failure or refusal to fulfill an employment contract. If yes, explain on a separate sheet, providing dates, locations, and circumstances for each incident. Sign and date each page.				<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Previously Disclosed
4a. Have you ever been convicted of any crime (misdemeanor or felony)? If yes, explain on a separate sheet, providing dates, locations, and circumstances for each incident. Sign and date each page. You may request a change, correction or update of your record from the FBI through FBI procedures set forth in Title 28, CFR 16.30 to 16.34. Note: <i>Most arrests and convictions show up on a background check even if purged or dismissed by a court.</i>				<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Previously Disclosed
4b. Have you entered into a pretrial diversion* for any crime? If yes, select from the options below and explain on a separate sheet, providing dates, locations, and circumstances for each incident. Sign and date each page. <i>*A pretrial diversion program is any program that results in dismissal of charges upon satisfaction of conditions such as paying restitution or fines, having no similar offenses for a specified time, performing community service, completing rehabilitation or treatment programs, satisfying probation, etc. Answer "yes" even if you were not required to complete the program.</i>				<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Previously Disclosed
<input type="radio"/> Deferred Prosecution	<input type="radio"/> Deferred or Suspended Imposition of Sentence		<input type="radio"/> Deferred Adjudication	
<input type="radio"/> Stay of Adjudication	<input type="radio"/> First Time Offenders Programs		<input type="radio"/> Other Programs (Please describe)	
Taxpayer Identification Number (TIN), Social Security Number (SSN) or Canadian identification number (GST): Section 7 of Public Law 93-579 requires us to advise you of the following in connection with our request for your Taxpayer Identification Number (TIN): Disclosure of your taxpayer identification number is mandatory pursuant to the National Child Protection Act of 1993, 34 USC 40102, which authorizes a state and national criminal history background check to determine the fitness of an employee, volunteer, or other person with unsupervised access to children, the elderly, or individuals with disabilities. Your taxpayer identification number will also be used for verification purposes in connection with college transcripts and other education records pertaining to your application for teacher licensure.				
 Taxpayer ID Number, Social Security Number or Canadian ID: _____				
<i>By signing this application, I acknowledge I have read and understood the foregoing. I declare under penalty of perjury the information included in or with my application is true, correct, and complete to the best of my knowledge. I am aware false statements of material fact, misrepresentations, or omissions of material fact in or with this application is grounds for the denial, revocation, or suspension of the license(s) I am seeking.</i>				
Signature:				Date:



Elsie Arntzen, State Superintendent
Montana Office of Public Instruction

P.O. Box 202501
Helena, MT 59620-2501
(406) 444-3150
(406) 444-0169 (TTY)
opi.mt.gov

Montana Educator Licensure Notary Page

You must subscribe to the following oath or affirmation before a notary public or other officer authorized by law to administer oaths. (MCA §20-4-104.) "I solemnly swear (or affirm) that I will support The Constitution of the United States of America and The Constitution of the State of Montana."

Declaration:

I hereby declare under penalty of perjury the information included in or with my application is true, correct, and complete to the best of my knowledge. In signing this application, I am aware that a false statement of material fact, misrepresentations, or omissions of material fact in or with this application may lead to the denial, revocation or suspension of the license(s) I am seeking.

I acknowledge that I have read the attached Professional Educators of Montana Code of Ethics.

Name of applicant: (Please print legibly)	
Date of Birth	Last 4 numbers of SSN:

Signature of Applicant: _____

This above oath was sworn and the document was signed before me on the _____ day
of _____, 20_____
(Month) (Year)

By _____
(Print name of applicant)

Signature of Notary: _____

Printed Name of Notary: _____

Residing in the State of: _____ County of: _____

Commission Expires: _____

Professional Educators of Montana Code of Ethics

Professional educators recognize and accept their responsibility to create learning environments to help all students reach their full potential. They understand the trust and confidence placed in them by students, families, colleagues, and the community. To achieve their professional purpose, educators strive to maintain the highest ethical standards. The Professional Educators of Montana Code of Ethics sets out these fundamental principles which guide their behavior.

Principle I. Commitment to Students and Families. The ethical educator:

- A. Makes the well-being of students the foundation of all decisions and actions.
- B. Promotes a spirit of inquiry, creativity, and high expectations.
- C. Assures just and equitable treatment of every student.
- D. Protects students when their learning or well-being is threatened by the unsafe, incompetent, unethical or illegal practice of any person.
- E. Keeps information confidential that has been obtained in the course of professional service, unless disclosure serves a compelling purpose in the best interest of students, or is required by law.
- F. Respects the roles, responsibilities and rights, of students, parents and guardians.
- G. Maintains appropriate educator-student relationship boundaries in all respects, including speech, print, and digital communications.

Principle II. Commitment to the Profession. The ethical educator:

- A. Fulfills professional obligations with diligence and integrity.
- B. Demonstrates continued professional growth, collaboration and accountability.
- C. Respects the roles, responsibilities, and rights of colleagues, support personnel, and supervisors.
- D. Contributes to the development of the profession's body of knowledge.
- E. Manages information, including data, with honesty.
- F. Teaches without distortion, bias, or prejudice.
- G. Represents professional qualifications accurately.

Principle III. Commitment to the Community. The ethical educator:

- A. Models the principles of citizenship in a democratic society.
- B. Understands and respects diversity.
- C. Protects the civil and human rights of students and colleagues.
- D. Assumes responsibility for personal actions.
- E. Demonstrates good stewardship of public resources.
- F. Exemplifies a positive, active role in school-community relations.
- G. Adheres to the terms of contracts, district policies and procedures, and relevant statutes and regulations.

Amended by the Certification Standards and Practices Advisory Council July 13, 2016. Educator to retain for ongoing reference.



Elsie Arntzen, State Superintendent
Montana Office of Public Instruction

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How to Initiate Your Fingerprint Background Check

Per FBI regulations, the Office of Public Instruction (OPI) cannot accept fingerprint-based background check results that were processed for any purpose other than for Teacher Licensure.

Fingerprints must be clear. Smudged or unclear prints will be rejected by the FBI. Therefore, we recommend that you complete and submit two fingerprint cards, to ensure that your background check can be completed in a timely manner.

Instructions

1. Go to your local law enforcement agency or any other agency offering fingerprinting services. Request that your fingerprints be taken for a background check. There may be a charge for this service. Remember to have two fingerprint cards completed.
2. Fill out appropriate section on the fingerprint card(s) with your personal information.
3. Complete the following specific sections on the fingerprint card(s) with the following information:
 - **Employer and Address**
Montana Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501
 - **Reason Fingerprinted:**
NCPA/VCA
Teacher Licensure
 - **ORI:**
MT025025Y
 - **OCA:**
MTST00004
4. Do not fold the completed fingerprint card(s)
5. Mail the completed fingerprint card(s) along with a check payable to the Montana Department of Justice for their processing fee of \$30.00.
 - Mail to:
Montana Department of Justice
Criminal Records & Identification Services
PO Box 201403
Helena, MT 59620-1403

Do not mail your fingerprint card(s) to the Office of Public Instruction (OPI), the OPI cannot process the cards and will have to mail them back to you.

The OPI cannot share the results of your background check with any school district or other entity.



Elsie Arntzen, State Superintendent
Montana Office of Public Instruction

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Fingerprint Background Check Supplement

APPLICATION AND NOTICE PURSUANT TO THE NATIONAL CHILD PROTECTION ACT OF 1993 AS AMENDED BY THE VOLUNTEERS FOR CHILDREN ACT

(This supplement consists of three pages, including the Privacy Act Statement)

Instructions:

Complete pages 1 & 2 of this supplement, including your signature, and upload them to your Montana State Educator Information System (MSEIS) account.

Licensure Applicant Name (please print): _____

I have applied for employment as or will be applying for employment as a Montana Educator with (if known write in employer name, or write "unknown") _____, for the position of (please be specific) _____.

The National Child Protection Act of 1993 (NCPA), Public Law (Pub. L.) 103-209, as amended by the Volunteers for Children Act (VCA), Pub. L. 105-251 (Sections 221 and 222 of Crime Identification Technology Act of 1998), codified at 42 United States Code (U.S.C.) Sections 5119a and 5119c, authorizes a state and national criminal history background check to determine the fitness of an employee, or volunteer, or a person with unsupervised access to children, the elderly, or individuals with disabilities.

Pursuant to the VCA, the entity to which you have applied for employment or will be applying for employment requests a background check. Your rights and responsibilities under the VCA are as follows:

1. Provide a set of fingerprints. These fingerprints will be used to conduct a search of FBI criminal history records. The entity conducting this background check may use the resulting record only for the authorized purpose(s) 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. 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 42 U.S.C. 14616, Article IV(c); 28 CFR 20.21(c), 20.33(d) and 906.2(d).
2. Provide your name, address, and date of birth, as appears on a document made or issued by or under the authority of the United States Government, a State, political subdivision of a State, a foreign government, a political subdivision of a foreign government, an international governmental or an international quasi-governmental organization which, when completed with information concerning a particular individual, is of a type intended or commonly accepted for the purpose of identification of individuals. 18 U.S.C. §1028(D)(2).
3. Provide a certification that you (a) have not been convicted of a crime, (b) are not under indictment for a crime, or (c) have been convicted of a crime. If you are under indictment or have been convicted of a crime, you must describe the crime and the particulars of the conviction, if any.
4. You are entitled to (a) obtain a copy of the background check report and (b) challenge the accuracy and completeness of any information contained in any such report and obtain a prompt determination as to the validity of such challenge before a final determination is made by the state government agency performing the background check. To obtain a copy of your fingerprint/background check results, the applicant must:
 - a. Present in person at the Educator Licensure office; and

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.

This statement is provided to you for your records.

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 systems(s) of records in which that agency may also maintain your records, including the authorities, purposes, and routine uses for the system(s).

Updated 09/09/2013