



STATE OF WISCONSIN
DEPARTMENT OF JUSTICE

DIVISION OF LAW ENFORCEMENT SERVICES
Crime Information Bureau
Record Check Unit

PO Box 2688
Madison, WI 53701-2688
608/266-5764

Qualified Entity Application
National Child Protection Act

WORCS Account Number (if existing acct)

Entity (agency) Name:

Name/Title of Entity Director:

Agency Address:

Contact Person : Telephone:

E-mail address: Fax:

Please provide a mission statement or a summary of the type of services your agency provides (why do you qualify?):

Please indicate the population(s) your agency provides services to and indicate the type(s) of services provided:

- Children, Elderly, Disabled, Care or Treatment, Supervision, Care/Placement, Education, Training or Instruction, Recreation, Other

Which term best describes your agency?

- Governmental, Private, Volunteer, For Profit, Non-Profit

Number of Agency Employees [] Number of Agency Volunteers []

Estimated annual number of Employee fingerprints submitted [] Estimated annual number of Volunteer fingerprints submitted []

Signature of agency head: Date:

NOTE: Organizations currently required to conduct criminal history record checks under other statutory provisions should continue to follow the statutory mandates that specifically apply to them.

Return application to : Wisconsin Department of Justice Record Check Unit P.O. Box 2688 Madison, WI 53701-2688