



# Tuba City Native Language Program Association dba TCNLPA

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## Arizona DPS Level One Fingerprint Clearance Fee Assistant Request Form

- TCNLPA is able to provide assistance to consultants to obtain their Arizona Level One Fingerprint Clearance Card with an IVP number.
- This request form isn't an automatic approval to have TCNLPA cover the cost for your Fingerprint Clearance Card

Name:	
Mailing Address:	
Physical Address:	
Phone:	Email:
In order to be eligible for TCNLPA to cover the cost of the Arizona DPS Level One IVP Fingerprint Clearance Card. Please answer the following questions:	
<ol style="list-style-type: none"><li>1. Have you ever held an Arizona DPS Level One IVP Fingerprint Card before? <input type="checkbox"/> Yes <input type="checkbox"/> No</li><li>2. Have you received a denial from the Arizona DPS Fingerprinting Unit? <input type="checkbox"/> Yes <input type="checkbox"/> No</li><li>3. Do you receive any public assistance such as TANF, SNAP, General Assistance, Food Distribution etc. from the Arizona DES or the Navajo Nation? <input type="checkbox"/> Yes <input type="checkbox"/> No</li><li>4. Are you currently employed or self-employed? <input type="checkbox"/> Yes <input type="checkbox"/> No</li><li>5. Have you been arrested and are waiting for court appearance? <input type="checkbox"/> Yes <input type="checkbox"/> No</li><li>6. Have you committed crimes which limit your rights, or crimes that harm anyone or a child? <input type="checkbox"/> Yes <input type="checkbox"/> No</li></ol>	
If you have answered "YES" to Question 5 and/or Question 6, please explain below.  _____ _____ _____ _____	
I hereby submitted this request and the information I've provided is true and accurate to the best of my knowledge. I do understand TCNLPA may deny my request to have my fingerprint card processing fee.	
Applicant Signature: _____ Date: _____	
Received Date: _____ Received By: _____ Received Method: <input type="checkbox"/> Email <input type="checkbox"/> In Person	
<input type="checkbox"/> Request Approved by Executive Director <input type="checkbox"/> Request Denied by Executive Director Date: _____	
Governing Board Approved Date for payment request: _____ Paid Amount: _____ Paid Method: _____	