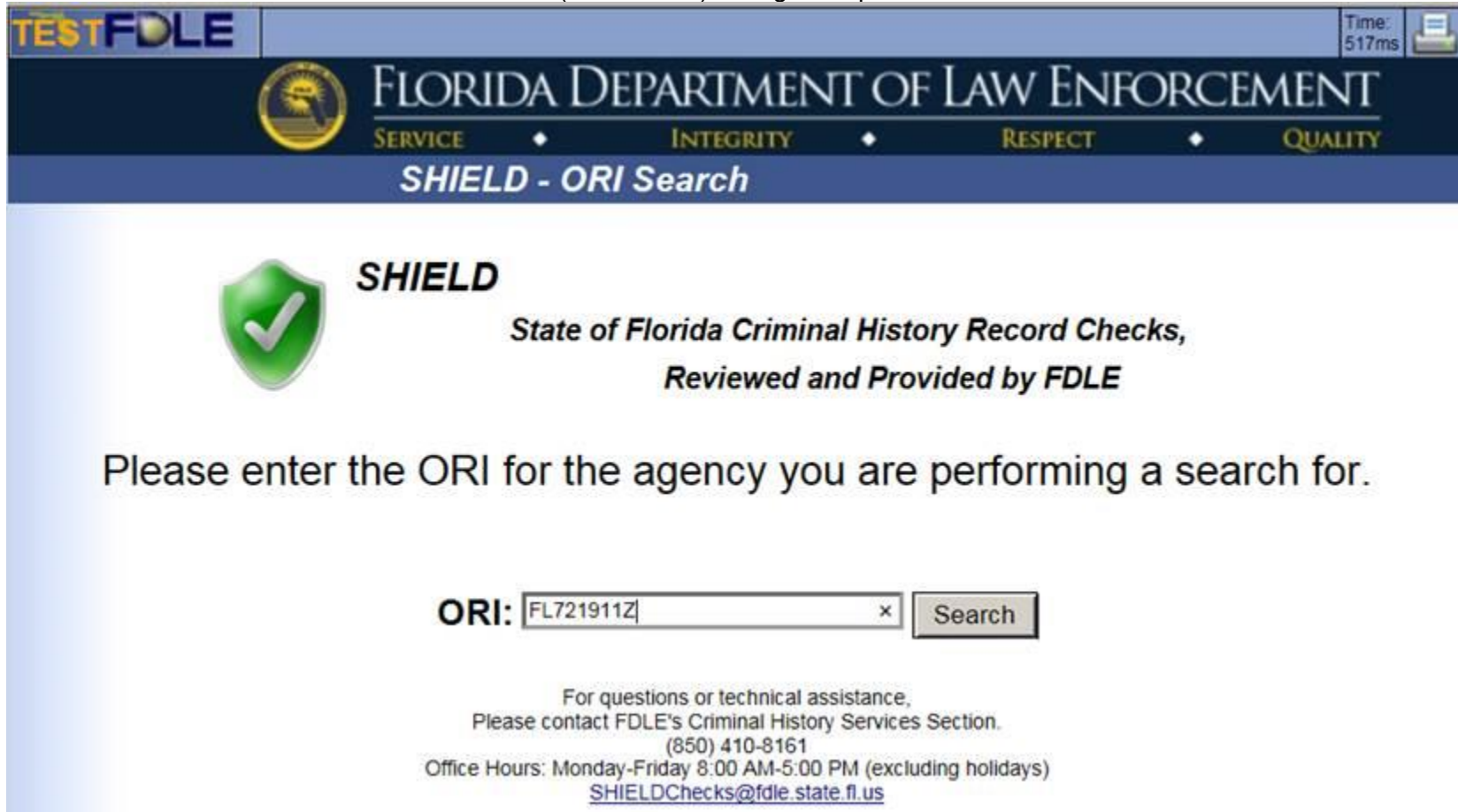


# Submission of Certified State of Florida Criminal Records Checks to FDLE

The customer will first enter DCF's ORI number (FL721911Z) to begin the process.



The screenshot shows the top navigation bar of the SHIELD - ORI Search application. It includes the 'TEST FDLE' logo, the Florida Department of Law Enforcement (FDLE) logo, and the text 'FLORIDA DEPARTMENT OF LAW ENFORCEMENT' with the values 'SERVICE', 'INTEGRITY', 'RESPECT', and 'QUALITY'. Below this is the title 'SHIELD - ORI Search'. The main content area features a green shield icon with a checkmark, the word 'SHIELD' in bold, and the text 'State of Florida Criminal History Record Checks, Reviewed and Provided by FDLE'. A prompt asks the user to 'Please enter the ORI for the agency you are performing a search for.' Below this is a search form with the label 'ORI:', a text input field containing 'FL721911Z', a close button 'x', and a 'Search' button. At the bottom, contact information for FDLE's Criminal History Services Section is provided, including the phone number (850) 410-8161, office hours (Monday-Friday 8:00 AM-5:00 PM), and the email address [SHIELDChecks@fdle.state.fl.us](mailto:SHIELDChecks@fdle.state.fl.us).

The customer will then enter the demographic information for the individual they want to search.

# Submission of Certified State of Florida Criminal Records Checks to FDLE

**TEST FDLE** Time: 178ms

**FLORIDA DEPARTMENT OF LAW ENFORCEMENT**  
SERVICE • INTEGRITY • RESPECT • QUALITY

**SHIELD - Search Subject Entry**

<b>Name*</b> : <input type="text" value="SMITH, JOHN JOSEPH"/> <small>Last, First Middle Suffix</small>	<b>DOB*</b> : <input type="text" value="20050903"/> YYYYYMMDD	<b>SSN</b> : <input type="text"/>	<b>Sex*</b> : <input type="text" value="M"/>
<b>Alias 1</b> : <input type="text"/> <small>Last, First Middle Suffix</small>	<b>Alias 2</b> : <input type="text"/> <small>Last, First Middle Suffix</small>	<input type="button" value="More Aliases"/>	<b>Race*</b> : <input type="text" value="U (Unknown)"/>
<b>Subject's Address</b> : <input type="text" value="5124 NAPOLI DRIVE"/> <small>(Street or PO Box)</small>	<input type="text"/> <small>(Apt., Bldg., Suite, etc.)</small>	<b>City, State</b> : <input type="text" value="NAPLES, FLORIDA"/> x	<input type="button" value="Add"/> <input type="button" value="Clear"/>

Enter information and click "Add" to proceed. Hover over text fields for entry rules. \* indicates required field.

For questions or technical assistance,  
Please contact FDLE's Criminal History Services Section.  
(850) 410-8161  
Office Hours: Monday-Friday 8:00 AM-5:00 PM (excluding holidays)  
[SHIELDChecks@fdle.state.fl.us](mailto:SHIELDChecks@fdle.state.fl.us)

The customer will be given the opportunity to add additional individuals to their request or edit the information they've already entered.

# Submission of Certified State of Florida Criminal Records Checks to FDLE

**TESTFOLE** Time: 85ms

**FLORIDA DEPARTMENT OF LAW ENFORCEMENT**  
 SERVICE • INTEGRITY • RESPECT • QUALITY

**SHIELD - Search Subject Entry**

**Name\*:**  **DOB\*:**  YYYYMMDD **SSN:**  **Sex\*:** Choose One   
Last, First Middle Suffix

**Alias 1:**  **Alias 2:**   **Race\*:** Choose One   
Last, First Middle Suffix Last, First Middle Suffix

**Subject's Address:**   **City, State:**   
(Street or PO Box) (Apt., Bldg., Suite, etc.)

Enter information and click "Add" to proceed. Hover over text fields for entry rules. \* indicates required field.  
 Add more names, or click on any row below to edit or remove. When list below is complete click "Continue" to review payment details and then confirm submission.

Showing 1 to 1 of 1 << < 1 > >>

#	Name	Aliases	Race	Sex	DOB	SSN	Address	City, State
1	SMITH, JOHN JOSEPH		U (Unknc	M	20050903		5124 NAPOLI DRIV	NAPLES, FLORIDA

The customer will review their request and if everything is correct they can continue to the payment information page.

# Submission of Certified State of Florida Criminal Records Checks to FDLE

**TEST FDLE** Time: 00ms

**FLORIDA DEPARTMENT OF LAW ENFORCEMENT**  
SERVICE • INTEGRITY • RESPECT • QUALITY

**SHIELD - Confirm Search Request**

**Primary Mailing Address ( FL721911Z )**

To: DCF - RECORD CHECKS  
1317 WINEWOOD BLVD.  
BUILDING 6, ROOM 361  
TALLAHASSEE, FL 32399

Summary of Submitted Request				
Name	Date of Birth	Sex	Race	SSN
SMITH, JOHN JOSEPH	09/03/2005	M	U (Unknown)	

Number of applicant records: 1 at \$8.00    Total cost **\$8.00**

Go to Payment   Edit   Cancel

The customer will then enter their credit card information and continue to the payment page to order the search.

# Submission of Certified State of Florida Criminal Records Checks to FDLE

## Credit Card Name and Address Information

Do not enter your credit card number here. After you click "Next" you will be directed to FDLE's credit card processor to enter your credit card number.

*\* Indicates a Required Field*

**\* Name as printed on Credit Card:**

**\* Billing Address:**

Billing Address Continued:

**\* City:**

**\* US State or Canadian Province:**

**\* Zip/Postal Code:**

**\* Country:**

**\* Email:**

Amount to be charged: **\$8.00**

You are about to leave this FDLE website and will be taken to a secure credit card processing site. You will not be able to make any changes to your request once you proceed to the credit card processing site. After credit card processing is complete, you will be able to print or email your receipt. To return to your request to make any changes, press Cancel. To continue to payment processing, check this box.

**Next (Transfer to FDLE's Credit Card Processor)**

Cancel