



Fingerprint Request Form

Please provide this form to the fingerprint technician/official at the time the fingerprints are taken to ensure that all fields contain the required/authorized information needed for processing.

Fingerprint technician, please ensure that you see photo ID for identity verification purposes prior to fingerprinting.

APPLICANT INFORMATION

APPLICANT NAME (LAST, FIRST, MI) _____

APPLICANT ADDRESS: _____

CITY, STATE, ZIP: _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

SSN: _____ CITIZENSHIP: _____

SEX: _____ RACE: _____ HGT: _____ WGT: _____ EYES: _____ HAIR: _____

AUTHORIZED ENTITY INFORMATION:

ACCT NUMBER (MNU): 880560 ORI: NV920695Z

BILL TO ACCOUNT NUMBER (MNU): 880560 REASON FINGERPRINTED: NCPA/VCA

SUBMIT FINGERPRINTS ELECTRONIC LIVESCAN: YES

SIGNATURE OF AUTHORIZATION: Kelsy Carver

FINGERPRINT SITE INFORMATION

SIGNATURE OF OFFICIAL TAKING

PRINTS: _____ DATE: _____ TCN

NUMBER: _____ (USED FOR TRACKING PURPOSES)