

Fingerprint Scheduling Information:

Name (as it appears on your driver's license or State ID):

Address: _____

City: _____ State: _____ Zip _____

Phone#: _____ DOB: _____

Height: _____ Weight: _____

Eye Color: _____ Hair Color: _____

Race/ethnicity: _____ Sex: _____

DL State: _____ DL# _____

DL Class: _____ (if ID only, use OTHER)

State or Country where born: _____

Social Security Number: _____

ALL BLANKS MUST BE COMPLETED!