



FINGERPRINT INFORMATION

Please complete this form. Print clearly or type your responses into this interactive form.

Case #: _____

Driver's License #: _____ Social Security #: _____

DR #: _____ CLL #: _____ FBI #: _____

Name: _____ Alias: _____
Last First Middle

Address: _____ Phone: (____) _____

Date of Birth: ____/____/____ Sex: ____ Race: ____ Hgt: ____ Wgt: ____ Hair: ____ Eyes: ____

Marks/Scars/Tattoos: _____ Amputation: _____

Birthplace: _____ Citizenship: _____

Employer: _____ Occupation: _____

Address: _____ Phone: (____) _____

(check one)

Friend:

Relative: _____ Relationship: _____

Address: _____ Phone: (____) _____

Type of vehicle you are driving:

Year: ____ Make: ____ Model: ____ Color: ____ License #: ____

Current registered owner of vehicle: _____

Reason for prints: _____ Employee: _____ Date: ____/____/____

If applying for a concealed weapons permit, please complete the following:

Reason for desiring license: _____

Make: _____ Type: _____ Caliber: _____ Serial #: _____

Is weapon registered to you? Yes No Receipt #: _____