

INSTRUCTIONS FOR COMPLETING APPLICANT FINGERPRINT CARD

****TYPE OR PRINT ALL INFORMATION IN BLACK****

COMPLETE THE FOLLOWING BLOCKS ON THE FINGERPRINT CARD AS INDICATED:

1. **SIGNATURE OF PERSON FINGERPRINTED** (Legible signature of person being fingerprinted must appear in this space)
2. **RESIDENCE OF PERSON FINGERPRINTED** (Complete number, street, state, and zip)
3. **LAST NAME NAM FIRST NAME MIDDLE NAME** (PRINT your last name, first name, and middle name)
4. **ALIASES AKA** (List any and all alias names or nicknames, maiden name or other married name if applicable)
5. **CITIZENSHIP CTZ** (Indicate American citizenship (**US**), or indicate other nationality)
6. **SEX** (Male **M**, Female **F**)
7. **RACE** (White **W** Black **B** Hispanic **H** American Indian or Alaskan Native **I** Asian or Pacific Islander **A** Other **O**)
8. **HGT** (Height in feet and inches using all numerics. Example: 6' 01" = **601**)
9. **WGT** (Weight in pounds using all numerics. Example: 135lbs. = **135**)
10. **EYES** (List eye color: Black - **BLK** Blue - **BLU** Brown - **BRO**
Gray - **GRY** Green - **GRN** Hazel - **HAZ**)
11. **HAIR** (List hair color: Black - **BLK** Blond or Strawberry - **BLN**
Brown - **BRO** Gray or partially - **GRY**
Sandy - **SDY** Red or Auburn - **RED**
Bald (If hairless or lost most hair) - **BAL**)
12. **DATE OF BIRTH** (Month/Day/Year)
13. **PLACE OF BIRTH POB** (Indicate city and state where you were born. Abbreviate State.)
14. **DATE** (The official taking your prints will have to indicate the date he/she takes your fingerprints)
15. **SIGNATURE OF OFFICIAL TAKING FINGERPRINTS** (The official that fingerprints you needs to sign his/her name)
16. **EMPLOYER AND ADDRESS** (Print name of Company where you are employed and include street address, city, state, and zip)
17. **SOCIAL SECURITY NO. SOC** (Your Social Security Number)

*****FINGERPRINT IMPRESSIONS IN EACH BLOCK*****

NOTE: DO NOT BEND OR FOLD FINGERPRINT CARD(S)