

INSTRUCTIONS FOR COMPLETING
APPLICANT FINGERPRINT CARD

**Incomplete fingerprint cards & cards not in compliance
with items #14 & 15 WILL NOT BE PROCESSED**

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

1. SIGNATURE OF PERSON FINGERPRINTED - Legible signature of person being fingerprinted
2. RESIDENCE OF PERSON FINGERPRINTED - Complete number, street, city, 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 prints were taken***
15. ***SIGNATURE OF OFFICIAL TAKING FINGERPRINTS - The fingerprint technician must sign his/her name on the print card. The complete print card must be included in the application packet and returned to the Board office.***
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

Items
14 & 15

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

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