

To Be Signed at the Time of Fingerprinting

I have verified the information to be transmitted to FDLE and FBI is correct. I understand I will be liable for additional fees resulting from errors or omissions.

BY \_\_\_\_\_ BY \_\_\_\_\_



### PROFESSIONAL STANDARDS DEPARTMENT FINGERPRINTING OFFICE

#### Employee Information

**PLEASE PRINT**

**NAME EMPLOYED BY:** \_\_\_\_\_  
Last First Middle Suffix

**Social Security #** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**Name previously fingerprinted under / Alias / Maiden**

\_\_\_\_\_  
Last First Middle Suffix  
**D.O.B.** \_\_\_\_\_  
(Ex. 1950, 03, 05) Year Month Day

**Gender:**  Male  Female

**Race:**  Asian/Pacific Islander  Black  Native Amer./Eskimo  White/Latino  Unknown

**Height:** \_\_\_\_\_ feet \_\_\_\_\_ inches **Weight:** \_\_\_\_\_

**Eyes:**  Black  Blue  Brown  Green  Gray  Hazel

**Hair:**  Bald  Black  Blonde/Strawberry  Brown  Gray  Red  Sandy  White

**Place of Birth (State and Country)** \_\_\_\_\_

**Residence** \_\_\_\_\_  
Address City State Zip **99**  
FP Code

**Employer Name**

**Occupation/Job Title** \_\_\_\_\_ **Site Name** \_\_\_\_\_

**Please mark amputated or bandaged fingers with an X**

