

APPLICANT

LEAVE BLANK

TYPE OR PRINT ALL INFORMATION IN BLACK
LAST NAME NAM FIRST NAME _____ MIDDLE NAME _____

FBI

LEAVE BLANK

PROFESSIONAL OR BUSINESS ORGANIZATION

RESIDENCE OF PERSON FINGERPRINTED

DATE

TYPE OF FINGERPRINTING

CLASSIFICATION

ALIASES AKA

O
R
I

DATE OF BIRTH 01-28
Month Day Year

CITIZENSHIP CTZ

SEX

RACE

HAIR

EYES

HAIR

HAIR

HAIR

HAIR

HAIR

HAIR

PLACE OF BIRTH POB

YOUR NO. OCA

FBI NO. FBI

ARMED FORCES NO. MNU

SOCIAL SECURITY NO. SSN

MISCELLANEOUS NO. MNU

LEAVE BLANK

CLASS _____

REF _____

1 # THUMB

2 # INDEX

3 # MIDDLE

4 # RING

5 # LITTLE

6 # THUMB

7 # INDEX

8 # MIDDLE

9 # RING

10 # LITTLE

LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY

L THUMB

R THUMB

RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY