5900 SW 73rd Street (Suite # 304)
South Miami, FL 33143
Tel: 305-661-1636 Fax: 305-661-1637
SOUTHFLORIDAFING@BELLSOUTH.NET

+ Bring 1 form of proper photo identification.
State Issued Driver's License, Passport, Military ID
+ Payments accepted are in the form of:
Cash, Credit, Debit, Money Order, Company Check

Fingerprint Personal Data Sheet

Date: _____-_____-_____

Name: _____
Last First Middle

Aliases (Any other legal names): _____

Social Security # : _____-_____-_____ **Date of Birth**: _____-_____-_____

Place of Birth (State/Country): _____ Country of **Citizenship**: _____

Home Address: _____ City: _____ State: _____ ZIP: _____

Home Phone: _____-_____-_____ Cell Phone: _____-_____-_____

Gender	Race
☐ Male ☐ Female ☐ Undefined	☐ **A** - Chinese, Japanese, Filipino, Korean, Polynesian, Indian, Indonesian, Asian Indian, Samoan, Pacific Islander ☐ **B** - Person having origins in any of the black racial groups of Africa ☐ **I** -American Indian, Eskimo, Alaskan native, or a person having origins in any of the 48 contiguous states of the United States or Alaska who maintains cultural identification through tribal affiliation community recognition ☐ **W** - Caucasian, Mexican, Puerto Rican, Cuban, Central American, South American, or other Spanish culture or origin, regardless of race ☐ **U** - Of indeterminable race

Eyes		Hair		Height	Weight
☐ Black ☐ Blue ☐ Brown ☐ Green	☐ Gray ☐ Hazel ☐ Maroon/Red ☐ Multi-Color	☐ Bald ☐ Black ☐ Blonde/Strawberry ☐ Brown	☐ Gray/Partial Gray ☐ Red ☐ White ☐ Other	Feet: _____ Inches: _____	_____ Lb.

Employer/Agency requiring fingerprints: _____

☐ **AHCA** ($90) _____ ☐ **VECHS** ($60) _____

☐ **ORI** ($60 - $90) _____ ☐ **OCA** ($70) _____

Address: _____ City: _____ ST: _____ ZIP: _____

Phone: _____-_____-_____ Fax: _____-_____-_____ Email: _____

Occupation/Job Title: _____

Applicant Signature: _____ Date: _____

TCN: _____ ID: _____

Date & Time of Transmission: _____ ID Exp Date : _____