Fingerprint Applicant Information

ORI# _____ Job Title _____
(Reason Fingerprinted)

Acct#: _____ Social Security #: _____-_____-_____

LEGAL

Name: _____
Last First Middle

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____/_____/_____ Birthplace: _____ Citizenship: _____
Month Day Year State Country

Height: _____ Weight: _____ Daytime Phone: _____

CIRCLE CODES THAT APPLY

SEX		RACE	
Male	M	White	W
Female	F	Black	B
		Asian/Pacific Islander	A
HAIR COLOR		Am. Indian/Alaskan	I
Bald	BAL	Hispanic	H
Black	BLK		
Blond/Strawberry	BLN	**EYE COLOR**	
Brown	BRO	Black	BLK
Gray/Part. Gray	GRY	Blue	BLU
Red/Auburn	RED	Brown	BRO
Sandy	SDY	Gray	GRY
White	WHI	Green	GRN
		Hazel	HAZ
		Maroon	MAR
		Pink	PNK

Cogent Payment Center: Call 1-800-964-7690.
Call to schedule fingerprints: 1-877-862-2425.
Use this OT # TNCC79079

Please bring a valid State or Federal photo ID (drivers license, passport, military ID)
to your fingerprint appointment.