



Phone: 773-685-5699
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Fingerprint Applicant Form

PLEASE PROVIDE THE FOLLOWING INFORMATION (PLEASE PRINT CLEARLY)

Last Name: _____ First Name: _____ Middle Initial: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Date Of Birth: ____/____/____ Sex: _____ Race: _____ Height: _____ Weight: _____

Hair Color: _____ Eye Color: _____ Social Security #: _____ - _____ - _____

Place of Birth (State, if in the USA **OR** Country, if out of the USA): _____

ORI: IL920630Z

Client ID

(Do Not Write Below This Line—For Office Use Only)

F.P. Tech: _____ Date Fingerprinted: _____

TCN: _____