

APPLICANT

LEAVE BLANK

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

FBI LEAVE BLANK

SIGNATURE OF PERSON FINGERPRINTED

ALIASES AKA

O
R
I

RESIDENCE OF PERSON FINGERPRINTED

DATE OF BIRTH DOB
Month _____ Day _____ Year _____

DATE _____ SIGNATURE OF OFFICIAL TAKING FINGERPRINTS _____

CITIZENSHIP CTZ

SEX _____

RACE _____

HGT _____

WGT _____

EYES _____

HAIR _____

PLACE OF BIRTH POB

EMPLOYER AND ADDRESS

YOUR NO. OCA

LEAVE BLANK

FBI NO. FBI

ARMED FORCES NO. MNU

CLASS _____

REASON FINGERPRINTED

SOCIAL SECURITY NO. SOC

REF. _____

EMPLOYMENT REQUIREMENTS

MISCELLANEOUS NO. MNU

1. R. THUMB	2. R. INDEX	3. R. MIDDLE	4. R. RING	5. R. LITTLE
6. L. THUMB	7. L. INDEX	8. L. MIDDLE	9. L. RING	10. L. LITTLE

LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY

L. THUMB

R. THUMB

RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY