

**APPLICANT**

LEAVE BLANK

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

FBI LEAVE BLANK

Print full name here

SIGNATURE OF PERSON FINGERPRINTED

Sign Here

ALIASES AKA

O  
R  
I

~~XXXXXXXXXX~~  
~~XXXXXXXXXX~~  
~~XXXXXXXXXX~~  
CLARKSBURG, WV

RESIDENCE OF PERSON FINGERPRINTED

Home Address here

DATE OF BIRTH DOB  
Month Day Year  
List DOB here

CITIZENSHIP CTZ

SEX RACE HGT WGT EYES HAIR PLACE OF BIRTH POB

Complete all requested info

DATE

SIGNATURE OF OFFICIAL TAKING FINGERPRINTS

official taking prints sign here

YOUR NO. OCA

Leave Blank

LEAVE BLANK

EMPLOYER AND ADDRESS

Leave this field blank

FBI NO. FBI

ARMED FORCES NO. MNU

CLASS \_\_\_\_\_

REASON FINGERPRINTED

Leave this field blank

SOCIAL SECURITY NO. SOC

List S.S. # here

REF. \_\_\_\_\_

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