



NATIONAL LIVESCAN
FINGERPRINTING

Fingerprint Applicant Form

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

Suffix: _____ Maiden Name: _____ Alias Names: _____

Date of Birth: _____ Sex: _____ Height (Feet/Inches): _____ Weight (Pounds): _____

Eye Color: _____ Hair Color: _____ Country of Birth _____

State of Birth (if in the US) _____ Country of Citizenship: _____

Race:

- W:** Caucasian, Mexican, Puerto Rican, Cuban, Central or South America, or Spanish culture or origin
- B:** Black, or a person having origins in any of the black racial groups of Africa
- A:** Chinese, Japanese, Filipino, Korean, Polynesian, Indian, Indonesian, Asian, Samoan, or Pac. Islander
- I:** American Indian or Alaskan native
- U:** Unknown or of indeterminable race

Residence/Home Address (Street): _____ Apt or Unit#: _____

City: _____ State: _____ Zip code: _____

Phone: _____ Email: _____

Social Security Number: *(To be entered by the applicant into the system)* _____

Controlling Agency Identifier (ORI#): EDOH4670Z -Board of Optometry

I hereby declare and affirm that the information provided above is true and accurate. I further declare and affirm that I am the applicant whose signature appears below.

I authorize National Livescan Fingerprinting, LLC to capture my fingerprints and submit them to the ORI number listed above. For fingerprint cards, the captured fingerprints will be provided to the applicant once completed.

Signature of Applicant: _____ Date: _____

FOR INTERNAL USE ONLY:

Invoice # _____ Technician Name: _____ TCN# _____

Form of Payment: _____ Service: _____ Submission: _____ SSN: _____