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

ORI

M0920320Z
ELEM/SEC ED-PC/INV
JEFFERSON CITY, MO

RESIDENCE OF PERSON FINGERPRINTED

DATE OF BIRTH DOB Month Day Year

CITIZENSHIP CTZ

SEX RACE HGT. WGT. EYES HAIR

PLACE OF BIRTH POB

DATE

SIGNATURE OF OFFICIAL TAKING FINGERPRINTS

YOUR NO. OCA

LEAVE BLANK

EMPLOYER AND ADDRESS

DESE Professional Conduct & Investigations
P.O. Box 480, Jefferson City, MO 65102-0480

FBI NO. FBI

CLASS

ARMED FORCES NO. MNU

REF.

REASON FINGERPRINTED

Supervision over minors RSMo §43.543

SOCIAL SECURITY NO. SOC

MISCELLANEOUS NO. MNU

SAMPLE

1. R. THUMB 2. R. INDEX 3. R. MIDDLE 4. R. RING 5. R. LITTLE

SAMPLE

6. L. THUMB 7. L. INDEX 8. L. MIDDLE 9. L. RING 10. L. LITTLE

SAMPLE SAMPLE

LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY L. THUMB R. THUMB