En español atras!

FINGERPRINT FORM

* BCI **DOES NOT** ACCEPT CASH PAYMENTS *

MAKE CHECKS/MONEY ORDERS PAYABLE TO: BCI. THERE IS A CREDIT CARD SURCHARGE $0.60-$1.20

FIRST NAME LAST NAME (Maiden Name)

/ / ( )

Date of Birth | Place of Birth (State if in the U.S or Country) | Telephone Number

_____---_____---_____
Social Security Number

☐ Male ☐ Female

Current Address **(If different than address on ID)** _____

$35.00 DOLLARS

☐ Twin River Lottery ☐ Tiverton Lottery ☐ Retail sales/Store lottery
*Occupation / Employer *Name & Address of Store

☐ CARE GIVER OR PURCHASER – Marijuana ☐ DBR CULTIVATION – Marijuana

☐ Precious Metals ☐ Tools and Electronics ☐ DBR- Burglar Alarm

☐ Security business owner ☐ Preschool/Nursery ☐ Daycare OWNER
*Name & Address of business *Name of Preschool / Nursery *Name & Address of Daycare

☐ RN- Nursing New Employer ☐ RI Nursing License ☐ School
*Name of Hospital *Name of School

☐ Religious Organization ☐ Youth Protection Act

****NAME OF FACILITY / JOB****

_____

_____

$40.00 Dollars

☐ SECURITY: Name of security guard company-_____

☐ FIREFIGHTER_____
(NEED CONDITIONAL LETTER OF EMPLOYMENT)