

FINGERPRINT FORM

FORMS OF PAYMENT: CREDIT CARD, DEBIT CARD, CHECK OR MONEY ORDER

Checks Made Out To: BCI (Surcharge of \$1.20 on credit and debit cards)

First Name Last Name Maiden Name

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Date of Birth Place of Birth Telephone Number

Social Security Number Male: _____ Female: _____

Current Address (if Different than on ID) _____

\$35.00 Dollars

Twin River Lottery _____ Newport Grand Lottery _____ Retail Sales/ Store Lottery _____

Marijuana: Care Giver: _____ Purchaser: _____ Cultivator: _____

Precious Metals: _____ Tools and Electronics: _____ DBR – Burglar Alarm _____

Security Business Owner: _____ Pre-School/Nursery: _____ Day Care Owner: _____

RN – Nursing New Employer: _____ R.I. Nursing License: _____ School: _____

Religious Organization: _____ Youth Protection Act: _____

Name of Employer Requesting Fingerprints: _____

\$40.00 Dollars

Security Guard Company: _____ Firefighter: _____

Name of Employer Requesting Fingerprints: _____