

# FINGERPRINTING FORM

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First Name	Last Name	(Maiden name)
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Date of Birth	Place of Birth	( ) Telephone number
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Social Security Number

MALE

FEMALE

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Current Address (If different than address on I.D.)

- |   |         |   |         |
|---|---------|---|---------|
| <input type="checkbox"/> BURGLAR ALARM-DBR              | \$35.00 | <input type="checkbox"/> FINANCE/MORTGAGE-DBR   | \$35.00 |
| <input type="checkbox"/> SCHOOL                         | \$35.00 | <input type="checkbox"/> SECURITY BUS. OWNER    | \$35.00 |
| <input type="checkbox"/> SECURITY GUARD EMP.            | \$40.00 | <input type="checkbox"/> DAYCARE OWNER          | \$35.00 |
| <input type="checkbox"/> PRESCHOOL/NURSERY              | \$35.00 | <input type="checkbox"/> NURSING NEW EMPLOYER   | \$35.00 |
| <input type="checkbox"/> LOTTERY for Retail Sales/Store | \$35.00 | <input type="checkbox"/> LOTTERY for TWIN RIVER | \$35.00 |
| Renewal <input type="checkbox"/>                        |         |   |         |
| <input type="checkbox"/> LOTTERY for Newport Grand      | \$35.00 | <input type="checkbox"/> RI NURSING LICENSE     | \$40.00 |
| <input type="checkbox"/> CASA                           | \$35.00 | <input type="checkbox"/> PRECIOUS METALS        | \$35.00 |
| <input type="checkbox"/> TOOLS AND ELECTRONICS          | \$35.00 | <input type="checkbox"/> MEDICAL MARIJUANA      | \$35.00 |
| <input type="checkbox"/> FIREFIGHTER APPLICANTS         | \$40.00 | <input type="checkbox"/> LONG-TERM CARE         | \$35.00 |

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Name of Facility or Job Description