

FINGERPRINT FORM

*CREDIT CARDS NOW ACCEPTED/ BCI DOES NOT ACCEPT CASH PAYMENTS

MAKE CHECKS/MONEY ORDERS PAYABLE TO: **BCI**

THERE IS A CREDIT CARD SURCHARGE of 1.20

FIRST NAME

LAST NAME

(Maiden Name)

MM / DD / YYYY

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Date of Birth

Place of Birth

Telephone Number

____-____-____

Male

Female

Social Security Number

Current Address (If Different than address on ID)

\$35.00 DOLLARS

Twin River Lottery Newport Grand Lottery Retail sales/Store lottery

*Occupation / Employer

*Name & Address of Store

MEDICAL 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

NAME OF FACILITY / JOB

\$40.00 Dollars

SECURITY _____

FIREFIGHTER _____

(NEED CONDITIONAL LETTER OF EMPLOYMENT)