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

O
R
I

RESIDENCE OF PERSON FINGERPRINTED

DATE OF BIRTH DOB

CITIZENSHIP CTZ | SEX | RACE | HGT | WGT | EYES | HAIR | PLACE OF BIRTH POB

DATE | SIGNATURE OF OFFICIAL TAKING FINGERPRINTS

YOUR NO. GCA

LEAVE BLANK

EMPLOYEER AND ADDRESS

FBI NO. FBI

CLASS

ARMED FORCES NO. MNU

REF.

REASON FINGERPRINTED

SOCIAL SECURITY NO. SOC

MISCELLANEOUS NO. MNU

1. R. THUMB	2. R. INDEX	3. R. MIDDLE	4. R. RING	5. R. LITTLE
6. L. THUMB	7. L. INDEX	8. L. MIDDLE	9. L. RING	10. L. LITTLE

LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY	L. THUMB	R. THUMB	RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY