



Phone: 773-685-5699
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Public Vehicles & Chauffeurs Licensing

State of Illinois and FBI Background Check

Fingerprint Applicant Form

Please Provide The Following Information (Please Print Clearly).

Last Name: _____ First Name: _____ MI _____

Address: _____ City: _____

State: _____ Zip Code: _____

Date of Birth: ____/____/____ Sex: _____ Race: _____

Height: _____ Weight: _____

Hair Color: _____ Eye Color: _____

Place of Birth: (State or Country if outside USA): _____

ORI-

(DO NOT WRITE BELOW THIS LINE – FOR OFFICE USE ONLY)

TCN# _____ Date Printed _____