

Fee-Applicant Fingerprinting 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: _____ Phone # (____) _____

Social Security #: _____ - _____ - _____

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

	DPR-Registered Nurse (IDFPR)
	DPR-Licensed Practical Nurse (IDFPR)
	DPR-Security (PERC) (IDFPR)
	Massage Therapy (IDFPR)
	Video Gaming Location License (VGL)
	Non-Emergency Transport (office of the Inspector General)
	Vehicle Dealer (SOS)
	Driver Trainer Instructor (SOS)
	Department of Natural Resources (DNR)
	Pyrotechnic (State Fire Marshall)
	Department of Insurance (DOI)
	Chiropractic Licensee (IDFPR)
	Chiropractic Licensee by Endorsement (IDFPR)
	Physician Licensee (IDFPR)
	Physician Licensee by Endorsement (IDFPR)
	Concealed Carry Applicant
	Concealed Carry Instructor
	Other _____