

# Fee Applicant-Fingerprinting Form

Please Provide the Following Information (Please Print Clearly).

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Phone # (\_\_\_\_) \_\_\_\_\_ Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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

	<b>Purpose</b>	<b>Client ID</b>
	DPR-Registered Nurse	1641
	DPR-Licensing Practical Nurse	1643
	DPR-Security (PERC)	1644
	Behavior Analyst License	49634
	Assistant Behavior Analyst License	49635
	Massage Therapy	1646
	Video Gaming Location License	17238
	MMV-Medicare/Medicaid Vendor	20572
	Non-Emergency Transport	10532
	Vehicle Dealer	1649
	FOID Card Applicant	44859
	Physician Licensee	19484
	Physician Licensee by Endorsement	19485
	Chiropractic Licensee	19482
	Chiropractic Licensee by Endorsement	19483
	Department of Insurance	13843
	Driver Trainer Instructor	1650
	Other:	