

Fingerprint Scheduling Information:

Name (as it appears on your driver's license or State ID):

Address: _____

City: _____ State: _____ Zip _____

Phone#: _____ DOB: _____

Height: _____ Weight: _____

Eye Color: _____ Hair Color: _____

Race/ethnicity: _____ Sex: _____

DL State: _____ DL# _____

DL Class: _____ (if ID only, use OTHER)

Country **and** State where born: _____

Social Security Number: _____

Have you ever been convicted of a crime? ___ Yes ___ No

Bring with you:

DL ___ ID ___ Credit ___ Debit Card ___ WEAR A MASK ___

Cost: Regular - \$48.25 NCPA - \$38.25

ALL BLANKS MUST BE COMPLETED!