

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

**DC000000Z
CJIS-WV-DO-REQ
CLARKSBURG, WV**

DATE OF BIRTH DOB
Month Day Year

RESIDENCE OF PERSON FINGERPRINTED

CITIZENSHIP CTZ

SEX	RACE	HAIR	EYES	MARKS

PLACE OF BIRTH POB

DATE

SIGNATURE OF OFFICIAL TAKING FINGERPRINTS

FOUR NO. OCA

LEAVE BLANK

EMPLOYER AND ADDRESS

FBI NO. FBI

ARMED FORCES NO. MNU

CLASS _____

REASON FINGERPRINTED

SOCIAL SECURITY NO. SOC

REF. _____

MISCELLANEOUS NO. MNU

