

WAKE COUNTY SHERIFF'S OFFICE

Concealed Handgun Permit Application Information

Livescan Fingerprint Data Entry Form

NAME

Last:

First:

Middle:

Sex:

Race:

Eye Color

Hair Color

M - Male ☐

B - Black ☐

BLK - Black ☐

BAL - Bald ☐

F - Female ☐

W - White ☐

BLU - Blue ☐

BLK - Black ☐

A - Asian or Pacific Islander ☐

BRO - Brown ☐

BLN - Blond ☐

I - American Indian or

GRN - Green ☐

BRO - Brown ☐

Alaskan Native ☐

GRY - Grey ☐

GRY - Grey ☐

Height: _____ ft. _____ in.

HAZ - Hazel ☐

RED - Red ☐

MAR - Maroon ☐

SDY - Sandy ☐

PNK - Pink ☐

Weight: _____

UNK - Unknown ☐

Occupation:

Date of Birth:

Place of Birth:

County of Residence:

Address: _____

City: _____

State: _____

Zip: _____

Reason for Fingerprints - Concealed Carry Permit Application

Social Security Number: _____

Agency ORI: NCO920000

DCI CHP #:

DCI Entry Completed By:

Date:

TRACK # _____