FINGERPRINTING FORM

_____ _____ _____
First Name Last Name (Maiden name)

_____ _____ _(____)_____
Date of Birth Place of Birth Telephone number

_____- _____- _____
Social Security Number ☐ MALE ☐ FEMALE

_____
Current Address (If different than address on I.D.)

☐ BURGLAR ALARM-DBR	$35.00	☐ FINANCE/MORTGAGE-DBR	$35.00
☐ SCHOOL	$35.00	☐ SECURITY BUS. OWNER	$35.00
☐ SECURITY GUARD EMP.	$40.00	☐ DAYCARE OWNER	$35.00
☐ PRESCHOOL/NURSERY	$35.00	☐ NURSING NEW EMPLOYER	$35.00
☐ LOTTERY for Retail Sales/Store	$35.00	☐ LOTTERY for TWIN RIVER	$35.00

Renewal ☐

☐ LOTTERY for Newport Grand	$35.00	☐ RI NURSING LICENSE	$40.00
☐ CASA	$35.00	☐ PRECIOUS METALS	$35.00
☐ TOOLS AND ELECTRONICS	$35.00	☐ MEDICAL MARIJUANA	$35.00
☐ FIREFIGHTER APPLICANTS	$40.00	☐ LONG-TERM CARE	$35.00

_____
Name of Facility or Job Description