



State Applicant Fingerprint Electronic Processing Services

Employee: _____ Volunteer: _____

Name:Last			
Last Address:	First		Middle
City:			Zip:
Daytime Contact #		Social Security #:	
Date of Birth:// Month Day Y	Year	Birthplace:	State
Citizenship:	Height: \		Weight:
Original TCN (if this is a reprint)			
CIRCLE CODES THAT APPLY			
SEX Male Female RACE White Black Unknown	HAIR COLOR Bald BAL Black BLK Blond/Strawberry BLN Brown BRO Gray/Part Gray GRY Red/Auburn RED Sandy SDY White WHI		Black BLK Blue BLU Brown BRO Gray GRY Green GRN Hazel HAZ Pink PNK
Go to www.identogo.com or call 1-866-254-2366 to schedule fingerprinting appointments. Use requesting agency information below to ensure correct processing and fees. Please bring your valid SC Driver's License to your fingerprint appointment. If you do not have a valid SC Driver's License, you will need two forms of other State or Federal issued ID; one of which will need to be a photo ID.			
Requesting Agency Information must be provided		REQUESTING AGE	NCY.)
ORI:	Facility ID/OCA:		
Facility Name:			