

Wisconsin Easy Path Network

For Out-of-State Applicants ONLY
In-State Applicants must use the Digital Fingerprint Form

Authorized Agency Information (To be completed by Requesting Agency)

State Agency: _____ DRL – DRL - Department of Regulation and Licensing _____

Reason for fingerprinting: Security Guard/Private Detective OR Wholesale Distributor-Designated Representative
(Please Circle One)

Original TCN (if resubmission for rejected prints): _____

Applicant Information (To be completed by Applicant)

Applicant First Name: _____ Last Name: _____ Middle: _____

Home Address: _____
(Street Address) (City) (State) (Zip)

Daytime Phone Number: _____ Email Address: _____

Date of Birth: _____ Place of Birth (State or Country): _____

Gender: _____ Height: _____ Weight: _____
(Male / Female) (Feet and Inches)

Ethnicity: _____ Hair Color: _____ Eye Color: _____
W=White, B=Black, A=Asian/Pacific Islander, I=American/Alaskan Indian, O=Other

Citizenship: _____ Social Security Number: _____

Drivers License Number: _____ Drivers License State: _____

Drivers License Expiration Date: _____ Employer Name: _____

Employer Address: _____

Payment Method (Check or Money Order Only): _____

Service Center Information (To be completed by Fingerprinting Technician)

I HAVE COMPARED THE GOVERNMENT-ISSUED IDENTIFICATION PRESENTED BY THE APPLICANT AND ATTEST THAT TO MY BEST DETERMINATION; I HAVE FINGERPRINTED THE SAME PERSON.

Name of Fingerprint Technician: _____
(Please Print Clearly)

Signature of Fingerprint Technician: _____

Date Prints Taken: _____

Please mail this completed form, along with your two completed fingerprint cards and your payment of \$56.25 to the following address:

L-1 Enrollment Services Division / Pearson Vue

Attn: Card Scan

1650 Wabash Ave, Suite D

Springfield, IL 62704