

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

**USOPM000Z
OPM
BOYERS, PA**

RESIDENCE OF PERSON FINGERPRINTED

DATE OF BIRTH DOB
Month Day Year

DATE

SIGNATURE OF OFFICIAL TAKING FINGERPRINTS

CITIZENSHIP CTZ

SEX

RACE

HGT

WGT

EYES

HAIR

PLACE OF BIRTH POB

EMPLOYER AND ADDRESS

YOUR NO. OCA

LEAVE BLANK

REASON FINGERPRINTED

FBI NO. FBI

ARMED FORCES NO. MNU

CLASS

SOCIAL SECURITY NO. SOC

REF

MISCELLANEOUS NO. MNU

1 R THUMB

2 R INDEX

3 R MIDDLE

4 R RING

5 R LITTLE

6 L THUMB

7 L INDEX

8 L MIDDLE

9 L RING

10 L LITTLE

LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY

L THUMB

R THUMB

RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY