

# APPLICANT

LEAVE BLANK

TYPE OR PRINT ALL INFORMATION IN BLACK

FBI

LEAVE BLANK

LAST NAME NAM

FIRST NAME

MIDDLE NAME

Doe

John

Adam

(if applicable)

SIGNATURE OF PERSON FINGERPRINTED

(Sign when fingerprinted)

ALIASES AKA

Maiden Name or  
Other Names Used  
(if applicable)

O  
R  
I

**ND920270Z**

**ND OFC MGMT/BDGT**

**BISMARCK, ND**

DATE OF BIRTH DOB

Month Day Year  
06 05 1900

RESIDENCE OF PERSON FINGERPRINTED

CITIZENSHIP CTZ  
USA (or other)

SEX

RACE

HGT

WGT

EYES

HAIR

PLACE OF BIRTH POB

DATE

SIGNATURE OF OFFICIAL TAKING FINGERPRINTS

(MUST be signed by official taking prints)

M

W

5'8"

160

BRN

BRN

Bismarck, ND

EMPLOYER AND ADDRESS

FBI NO. FBI

ARMED FORCES NO. MNU

REASON FINGERPRINTED

NEW HIRE

SOCIAL SECURITY NO. SOC  
**123-456-7890**

MISCELLANEOUS NO. MNU

LEAVE BLANK

CLASS \_\_\_\_\_

REF. \_\_\_\_\_

All TEN impressions must be provided even if the applicant has scars and deformities. Any missing fingerprints must be noted on the card with the reason it was not printed such as bandaged or amputated.

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