



# AUTHORIZATION FOR LIVE SCAN FINGERPRINTS

This is to authorize \_\_\_\_\_ from Co. # \_\_\_\_\_  
NAME OF PERSON TO BE FINGERPRINTED

to have their fingerprints completed by use of the live scan  
fingerprint process on \_\_\_\_\_ .  
DATE AND TIME OF APPOINTMENT

Please complete the following information REQUIRED for completion of  
fingerprints:

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**To be completed by member, MUST PRINT LEGIBLY****NAME**

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

**ADDRESS**

Number: \_\_\_\_\_ Street: \_\_\_\_\_

Apt #: \_\_\_\_\_ P.O. Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**PHONE**

Daytime Phone Number: \_\_\_\_\_

Evening Phone Number: \_\_\_\_\_

**BIRTH**

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Birth \_\_\_\_\_  
MM DD YYYY

Citizenship: \_\_\_\_\_

**PERSONAL INFO**

Height: FT. \_\_\_\_ IN \_\_\_\_ Weight: \_\_\_\_ Race: \_\_\_\_ Sex: \_\_\_\_ Eyes \_\_\_\_ Hair \_\_\_\_

Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

MD Driver License Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_

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To be signed by Chief Officer or Administrative officer of Co. \_\_\_\_\_  
to authorize that the above person has applied for membership with  
your company and the required information above is completed.

\_\_\_\_\_  
PRINTED NAME AND TITLE

\_\_\_\_\_  
SIGNATURE and DATE SIGNED

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**For Office Use Only**

Person processing finger prints: \_\_\_\_\_

Date and Time of finger printing: \_\_\_\_\_

Was Member:  On Time  Early >15 min  Late >5 min  Rescheduled

Date sent to Fire Commission: \_\_\_\_\_

Date received to Fire Commission: \_\_\_\_\_