



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:

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: ____ - ____ - ____ - ____

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

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: _____