(All fields marked in **BOLD** are mandatory)

FEE APPLICANT CARD

Document Control Number [redacted]

Submitting Agency ORI - NCIC IL

Transaction Control Number (TCN)

Transaction Control Number

FRM0330L76691392

Subject's Last Name | | Middle Name/Suffix | Cost Center (Office Use Only)

Date of Birth | **Place of Birth** | State Identification Number (If applicable) IL | FBI #

Sex | **Race** | **Height** | **Weight** | **Hair** | **Eye** | Skin

Social Security Number | Drivers License Number | DL State | FOID #

Certificate License Number

Subject's Maiden Last Name | First Name | Middle Name/Suffix | MISC #

Residence of Person Fingerprinted

Date Fingerprinted: / /

Submit Fingerprints to FBI ☐ (Yes) ☐ (No)

Purpose Applicant Fingerprinted (See Reverse Side)

Requestor's Name

Fingerprint Images

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