

VISN 9
FINGERPRINT SUBMISSION FORM
*****PRINT CLEARLY*****

NAME (Last, First, Middle)			
OTHER NAMES USED (Include Maiden Name)			
SOCIAL SECURITY NUMBER			
DOB (Year/Month/Day)			
PLACE OF BIRTH (City/Country/State)			
US CITIZEN? (if not, write citizenship)	YES	NO	OTHER:
DEPARTMENT YOU WILL WORK IN			
SPONSOR/SERVICE POINT OF CONTACT NAME AND EMAIL			
WORK STATUS			
EMAIL/PHONE NUMBER			
POSITION TITLE (spell out)			
DUTY STATION LOCATION (FACILITY NAME)			
SEX		RACE	
EYE COLOR		HAIR COLOR	
HEIGHT (FT/IN)	FT	IN	WEIGHT (LBS)