



SAFE

State Applicant Fingerprint Electronic Processing Services

Name: Prefix: _____ First: _____ Middle _____ Last _____ Suffix _____

Alias/Maiden Name: First: _____ Middle _____ Last _____ Suffix _____

Address: _____ City: _____ State: _____ Zip: _____

Daytime Contact # _____ Social Security #: _____ - _____ - _____

Date of Birth: ____/____/____ Birthplace: _____
Month Day Year State

Citizenship: _____ Height: _____ Weight: _____

Drivers License or State ID Number: _____

Original TCN (if this is a reprint): _____

CIRCLE CODES THAT APPLY

<u>SEX</u>	<u>HAIR COLOR</u>	<u>SKIN TONE</u>
Male	Bald	Black
Female	Black	Dark
<u>RACE</u>	Blond/Strawberry	Dark Brown
American Indian	Brown	Fair
Asian	Gray/Part Gray	Light
White	Red/Auburn	Light Brown
Black	Sandy	Medium
Other	White	Medium Brown
Unknown	<u>EYE COLOR</u>	Olive
<u>ETHNICITY</u>	Black	Ruddy
Hispanic	Blue	Sallow
Non-Hispanic	Brown	Yellow
Unknown	Gray	Other
	Green	
	Hazel	
	Maroon	
	Multi-color	
	Pink	

Go to www.identogo.com or call 1-866-254-2366

to schedule fingerprinting appointments. Use requesting agency information below to ensure correct processing and fees.

Please bring your valid SC Driver's License to your fingerprint appointment. If you do not have a valid SC Driver's License, you will need two forms of other State or Federal issued ID; one of which will need to be a photo ID.

Requesting Agency Information - (This information must be provided by your REQUESTING AGENCY.)

ORI: **SC920090Z** Controlling Agency: **SC DEPT OF SOCIAL SERVICES**

Reason Fingerprinted: **DSS CHILD CARE**

Facility ID/OCA Number: _____ Facility Name: _____

EMPLOYEE: _____ VOLUNTEER: _____