# flag_so_carolina

**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: \_\_\_\_\_\_\_\_\_\_\_

Driver’s License or State ID Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Original TCN (if this is a reprint): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CIRCLE CODES THAT APPLY**

|  |  |  |
| --- | --- | --- |
| **SEX**Male Female**RACE**American IndianAsianWhite Black OtherUnknown **ETHNICITY**HispanicNon-HispanicUnknown | **HAIR COLOR**Bald Black Blond/Strawberry Brown Gray/Part Gray Red/Auburn Sandy White **EYE COLOR**Black HazelBlue MaroonBrown Multi-colorGray PinkGreen  | **SKIN TONE**BlackDarkDark BrownFairLightLight BrownMediumMedium BrownOliveRuddySallowYellowOther |

***Go to*** [***www.identogo.com***](http://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.**

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

Reason Fingerprinted: **DSS** **CHILD CARE**

**Facility ID/OC Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Facility Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMPLOYEE: \_\_\_\_\_\_ VOLUNTEER: \_\_\_\_\_\_\_\_**