

## FINGERPRINT CARD INSTRUCTIONS

<b>APPLICANT</b>	LEAVE BLANK	TYPE OR PRINT ALL INFORMATION IN BLACK										LEAVE BLANK					
		1. LAST NAME <u>NAM</u> FIRST NAME MIDDLE NAME															
2. NUMBER OF PERSON FINGERPRINTED		3. ALIASES AKA		A. <u>FL921060Z</u>						DATE OF BIRTH <u>DOB</u>							
5. RESIDENCE OF PERSON FINGERPRINTED				DFS-BU OF LICENSING						Month <u>4</u> Day Year							
				TALLAHASSEE, FL.													
14. DATE		15. SIGNATURE OF OFFICIAL MAKING ARRANGEMENTS		6. CITIZENSHIP <u>CIZ</u>		7. SEX <u>M</u>		8. RACE <u>R</u>		9. HAIR <u>H</u>		10. EYES <u>E</u>		11. PLACE OF BIRTH <u>CO</u>		12. STATE	
17. EMPLOYER AND ADDRESS				16. OCCASION													
				18. EMPLOYER'S ADDRESS													
				19. ARMED FORCES NO.													
20. REASON FINGERPRINTED				21. SOCIAL SECURITY NO.													
BAILBONDSMAN & INS. LIC. REP. CHAPTERS 648.34 & 37 624.34 F.S.				22. MISCELLANEOUS NO.													

### DO NOT FOLD CARDS

Review your cards to verify completeness.

Mail completed cards to:

Florida Department of Financial Services  
Bureau of Licensing  
Larson Building Room 419  
200 E Gaines Street  
Tallahassee FL 32399-0319

Fingerprinting is a mandatory part of the application. A new set of fingerprint cards will be required if it has been more than one year since you last submitted fingerprints to the Florida Department of Financial Services. Only fingerprint cards furnished by the Florida Department of Financial Services are acceptable.

- **You now must submit two sets of fingerprint cards to the Florida Department of Financial Services.** If your first set of prints is returned as illegible, the Department of Financial Services will submit the second set of prints to be processed.
- Failure to provide 2 sets of fingerprints may delay your application. No additional charge will be made for fingerprint cards received within 90 days of the first submission.
- Fingerprints must be taken by a technician within a law enforcement agency, or an entity approved by the Florida Department of Financial Services.

PLEASE TYPE OR PRINT INFORMATION IN **BLACK INK.**

All personal information requested at the top of the fingerprint card is required:

1. **NAME:** Print last name, first name, middle name, suffix
2. **SIGNATURE:** Sign YOUR legal name
3. **ALIASES:** List any other names you have used. Women using married name in (1) should enter maiden name or surname as middle name in this box.
4. **DATE OF BIRTH:** Use numbers only. Example: June 6, 1943 = 06/06/43
5. **RESIDENCE:** List YOUR home address
6. **CITIZENSHIP:** List the United States or other country.
7. **SEX:** Use only one character, "M" or "F"

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8. **RACE:** Use only ONE code as follows:

- I** Alaskan Native, American Indian, Eskimo
- A** Asian or Pacific Islander, including Chinese, Japanese, Korean, Polynesian, Filipino, Vietnamese
- B** African American or Black
- W** White, includes Mexican, Latin, Puerto Rican, Cuban, Central or South American, and any other Spanish origin.
- U** Unknown

9. **HEIGHT:** Express as feet and inches; do not use fractions of an inch. Round to the nearest inch.

10. **WEIGHT:** Indicate in pounds; do not use fractions. Round to the nearest pound.

11. **EYES:** Use the codes listed below to indicate the color of your eyes:

<u>CODE</u>	<u>COLOR</u>
<b>BLU</b>	Blue
<b>BRO</b>	Brown
<b>GRY</b>	Gray or partially gray
<b>GRN</b>	Green
<b>HAZ</b>	Hazel
<b>MAR</b>	Maroon
<b>PNK</b>	Pink

12. **HAIR:** Use the codes listed below to indicate the color of your hair:

<u>CODE</u>	<u>COLOR</u>
<b>BAL</b>	Bald <i>(Use when you have lost most of the hair on top of your head.)</i>
<b>BLK</b>	Black
<b>BLN</b>	Blond or Strawberry
<b>BRO</b>	Brown
<b>GRY</b>	Gray or partially gray
<b>RED</b>	Red or Auburn
<b>SDY</b>	Sandy
<b>WHI</b>	White

13. **PLACE OF BIRTH:** Indicate the state, territorial possession, province (Canada) or Country.

14. **DATE:** Date the fingerprints were taken.

15. **SIGNATURE:** Signature of the official taking your fingerprints.

16. *Leave Blank*

17. **EMPLOYER ADDRESS:** List current employer. If you are unemployed; leave blank.

18. *Leave Blank*

19. **ARMED FORCES NO.:** Enter your military enlistment number, if applicable.

20. **REASON FINGERPRINTED:** Should be pre-filled as follows:

BAILBONDSMAN & INS. LIC. REP.  
CHAPTERS 648.34 & 37 624.34 F.S.

21. **SOCIAL SECURITY NO.:** Enter your social security number

22. **MISCELLANEOUS NO.:** Enter any other Federal identification numbers you hold  
(i.e. Alien Registration Number)

A. **O R I:** This section must read as follows:

FL921060Z  
DFS-BU OF LICENSING  
TALLAHASSEE FL