

FINGERPRINT CARD VERIFICATION FORM

*This form must be signed and dated by the authorized fingerprinter **at the time of service.** Failure to have this form signed will result in the applicant needing to complete another fingerprint card **at a cost to the applicant.***

Section I – To be completed by the applicant

Applicant's Full Legal Name (Please Print)	Date of Birth

Section II – To be completed by the authorized fingerprinter

Assurances - The person presenting you with this fingerprint card will be using it for a background check as per Idaho Code §33-130 and §33-512. In order to assure proper handling and completion of the fingerprint card, the authorized finger printer must verify the following information.	
1. _____ Initials	Verified the applicant filled out the personal information on the fingerprint card: <input type="checkbox"/> Legal Name, including aliases <input type="checkbox"/> Complete mailing address <input type="checkbox"/> Social security number <input type="checkbox"/> Citizenship <input type="checkbox"/> Date of birth <input type="checkbox"/> Personal information (sex, race, height, weight, eye & hair color, place of birth)
2. _____ Initials	Verified the ORI information: ID920170Z, Dept of Edu, Boise, ID This information must be clearly identified in the ORI field.
3. _____ Initials	Verified a positive identification of this applicant using at least one form of photo identification, such as a photo driver's license, Division of Motor Vehicles photo identification card, military identification card, etc.
4. _____ Initials	Signed and dated the fingerprint card on the appropriate lines

 AUTHORIZED FINGERPRINTER'S SIGNATURE

 DATE

 Name (Please print or type)

 Police Agency/School District/Institution