FINGERPRINT FORM

For R.I. jobs requiring a NATIONAL background check by State statute

FIRST NAME		LAST NAME	(Maiden Name)				
/ /		()			
Date of Birth		Place of Birth (State / Country)		Telephone Numb	oer		
Social Security Number				I Male □ Female I	□		
E-mail							
Current Address (If different than address on ID)							
Please have the paperwork provided by the facility or employer, form of payment & your I.D. ready.							
		\$35.00					
\$40.00 if an additional State check is required.							
There is a credit/debit card surcharge \$0.60 - \$1.20							
	C	theck off one of the following	g:				
Twin River/Tiverton Casino	R	I Nursing License (State required)		School (State required)			
Retail Sales/Store lottery	-	I Nursing New Employer		Probate Guardian			
Precious Metals	A	mbulatory Care		Youth Protection Act			
Burglar Alarm Agent	D	Personal Care Aide		Home / Owner	*Paid by DHS		
Durgiar Alarm Agent	Pe	rersonal Care Aide		Childcare/Daycare	(State required)		
Religious Organization		Ied. Marijuana -		Childcare / Daycare	*Paid by DHS		
	_	are giver/Purchaser		CENTER	(State required)		
Security Business OWNER		Cultivation/ Hemp/ Compassion Center		Dept. of Administration – FTI Employment & Vendors			
Security guard (State required)		irefighter (State required)		Gateway Healthcare			
*Please provide the facility or business name:							
*Please provide the facility or	busii	less name:					

Please be advised as of January 3, 2023, the National background check (fingerprinting) fee will be increased to \$45.00. All other fees will remain the same at this time.

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