FINGERPRINT FORM

_____ _____ _____
First Name Last Name (Maiden Name)

_____ _____ (____)_____
Date of Birth Place of Birth Telephone Number

_____----_____----_____ [] MALE [] FEMALE
Social Security Number

Current Address (If different than address on ID)

$35.00 Dollars CHECK or MONEY ORDER ONLY

[] NURS. HOME/LONG-TERM [] IN-HOME NURSING CARE [] ADULT DAY CARE

[] TWIN RIVER LOTTERY [] NEWPORT GRAND LOTTERY [] RETAIL SALES/STORE LOTTERY

[] MEDICAL MARIJUANA [] PRECIOUS METALS [] TOOLS AND ELECTRONICS

[] SCHOOL [] PRESCHOOL/NURSERY [] DAYCARE OWNER

[] BURGLAR ALARM-DBR [] SECURITY BUS. OWNER [] FINANCE/MORTGAGE-DBR

[] CASA [] RN-NURSING NEW EMPL._____

NAME of FACILITY/ JOB DESCRIPTION

$40.00 Dollars CHECK or MONEY ORDER ONLY

[] RI NURSING LICENSE _____

[] SECURITY GUARD EMPLOYER_____

[] FIREFIGHTER APPLICANTS_____