

APPLICANT		LEAVE BLANK		TYPE OR PRINT ALL INFORMATION IN BLACK			LEAVE BLANK	
		LAST NAME	FIRST NAME	MIDDLE NAME		EPI		
		SMITH	JOHN	ADAM				
SIGNATURE OF PERSON FINGERPRINTED <i>John A. Smith</i>		ALIASES AKA "NICK"		OR I	WA0341000 ST GAMBLING COMM OLYMPIA, WA		DATE OF BIRTH DOB	
RESIDENCE OF PERSON FINGERPRINTED 12345 JONES LANE ANYTOWN, WASHINGTON 98888					Month	Day	Year	01 01 50
DATE *2/1/95*		SIGNATURE OF OFFICIAL TAKING FINGERPRINTS <i>[Signature]</i>		CITIZENSHIP	SEX	RACE	HGT.	WEIG.
				U.S.A.	M	W	5'10"	175
EMPLOYER AND ADDRESS MY EMPLOYER 98765 MAIN STREET ANYTOWN, WASHINGTON		YOUR NO. QCA		HAIR	EYES	HAIR	PLACE OF BIRTH POB	
REASON FINGERPRINTED		FBI NO. FBI			BLUE	BRN	ANYTOWN, WA	
		ARMED FORCES NO. MNU		CLASS _____				
		SOCIAL SECURITY NO. SOC 542-65-9876		REF. _____				
		MISCELLANEOUS NO. MNU		LEAVE BLANK				
<div style="text-align: center; font-size: 4em; opacity: 0.5;">SAMPLE</div>								
1. R. THUMB		2. R. INDEX		3. R. MIDDLE		4. R. RING		5. R. LITTLE
6. L. THUMB		7. L. INDEX		8. L. MIDDLE		9. L. RING		10. L. LITTLE
LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY				L. THUMB		R. THUMB		RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY

SHADED AREAS ARE TO BE FILLED OUT BY THE INDIVIDUAL BEING FINGERPRINTED.

*** THESE AREAS ARE TO BE COMPLETED BY THE LOCAL LAW ENFORCEMENT AGENCY TAKING THE FINGERPRINTS.**

**DO NOT HIGHLIGHT CARD.
THIS WILL CAUSE THE CARD TO BE REJECTED.**