APPLICANT

LEAVE BLANK

TYPE OR PRINT ALL INFORMATION IN BLACK

LAST NAME NAM FIRST NAME MIDDLE NAME

LEAVE BLANK

SIGNATURE OF PERSON FINGERPRINTED

RESIDENCE OF PERSON FINGERPRINTED

DATE

SIGNATURE OF OFFICIAL TAKING FINGERPRINTS

EMPLOYER AND ADDRESS

MT SWPC BOARD
301 S PARK AVE 4TH FLOOR
PO BOX 200513
HELENA MT 59620

REASON FINGERPRINTED

§ § 37-23-202 MCA

ALIASES AKA

ORI MT920070Z
BD SOC WK/PROF CNSLR
HELENA, MT

DATE OF BIRTH DOB
Month Day Year

CITIZENSHIP CTZ

SEX	RACE	HGT	WGT	EYES	HAIR

PLACE OF BIRTH POB

YOUR NO OCA

FBI NO FBI

ARMED FORCES NO. MNU

SOCIAL SECURITY NO SOC

MISCELLANEOUS NO MNU

LEAVE BLANK

CLASS

REF

DRAFT

DRAFT

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

SEND THE FINGERPRINT CARD AND THE SIGNED RELEASE TO THE FOLLOW ADDRESS:

Montana Department of Justice
Criminal Records Division
2225 11th Ave
P.O. Box 201403
Helena, MT 59620-1403