



FAST

Fingerprint Applicant Services of Texas

COPY

To schedule an appointment, visit <http://www.ibtfingerprint.com> or call 1-888-467-2080

Authorized Agency Information (To be completed by Requesting Agency)

Agency ORI _____ Agency Name _____
 District ORI _____ District Name _____
 Reason for fingerprinting _____ Educator Certification _____
 Agency Assigned Applicant Number SB-SP _____
(If required by Agency)
 Original TCN _____
(If resubmission for rejected prints)

Applicant Information (To be completed by Applicant)

Applicant Last Name _____ First Name _____ Middle Name _____
(please print)
 Sex Male Female Race _____ Ethnicity _____ Skin Tone _____
(W.B.A.I.O) (Hispanic or Non-Hispanic)
 Date of Birth _____ Height _____ Weight _____ Hair Color _____ Eye Color _____
(feet and inches)
 Place of Birth _____ Citizenship _____ Social Security No. _____
(state or country) (country)
 DL/ID No. _____ State Issuing DL/ID No. _____
 Home Address _____
Street Address City State Zip

I certify the applicant information provided above is true and accurate. I authorize the Texas Department of Public Safety to access Texas and Federal criminal history record information that pertains to me and disseminate that information to the above designated Authorized Agency or Qualified Entity through the DPS Fingerprint based Applicant Clearinghouse of Texas and as authorized by Texas Government Code Chapter 411 and any other applicable state and federal statute or policy.

Signature _____ Date _____

Service Center Information (To be completed by Live Scan Operator)

Date Prints Taken _____ Amount Charged For Service _____
 Paid by: Check Money Order Visa MasterCard Billing Acct _____
 At time of scheduling At time of appointment

TCN _____

I HAVE COMPARED THE GOVERNMENT-ISSUED IDENTIFICATION PRESENTED BY THE APPLICANT AND ATTEST THAT TO MY BEST DETERMINATION, I HAVE FINGERPRINTED THE SAME PERSON.

Name of LSO _____
(please print)

Signature of LSO _____

COPY