



**APPLICANT FINGERPRINT INFORMATION FORM**  
**FREDERICK COUNTY SHERIFF'S OFFICE**



LIVSCAN       INK       BOTH

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ TOW COMPANY: \_\_\_\_\_

NAME - Last		First	Middle		Suffix
DATE OF BIRTH YEAR: _____ MONTH: _____ DAY: _____			ALIAS:		
RACE:	GENDER:	HEIGHT:	WEIGHT:	HAIR COLOR	EYE COLOR
PLACE OF BIRTH (State or Country):			CITIZENSHIP (Country):		
CURRENT ADDRESS:					
CITY:		STATE:	ZIP CODE:	PHONE #:	

**CRIMINAL OFFENSES:**

I  HAVE  HAVE NOT been convicted of a crime or received probation before judgement (PBJ) in a criminal trial.

I  AM  AM NOT the subject of pending criminal charges.

I, HEREBY DECLARE AND AFFIRM UNDER PENALTY OF PERJURY, that the above statements are true.

SIGNATURE: \_\_\_\_\_

**AGENCY INFORMATION**

<b>REQUEST TYPE:</b> D	<b>AUTHORIZATION #:</b> 9300002692	<b>ADMINISTRATIVE #:</b> (child care if applicable)
Reason Fingerprinted: (check only one)		
<input type="checkbox"/> Adult Dependent Care	<input type="checkbox"/> Government Licensing/Certification	
<input type="checkbox"/> Attorney/Client	<input type="checkbox"/> Immigration/VISA	
<input type="checkbox"/> Child Care (Paid or Volunteer)	<input type="checkbox"/> Individual Challenge	
<input type="checkbox"/> Criminal Justice	<input type="checkbox"/> Individual Review	
<input type="checkbox"/> Gold Seal/Adoption	<input type="checkbox"/> MSP Licensing	
<input type="checkbox"/> Gold Seal/Letter/VISA	<input type="checkbox"/> Private Employer Petition	
<input type="checkbox"/> Government Employment	<input type="checkbox"/> Public Housing	
	<input type="checkbox"/> Other: _____	
Position Applied For (Private Employer Petition): <b>Tow Truck Operator / County Procurement</b>		<b>ORI#: MD0110000</b>

**Payment Type:**

<input type="checkbox"/> C – Check# _____	CJIS FEE =	<u>\$30.00</u>
<input type="checkbox"/> D – Money Order # _____	ADMIN FEE =	<u>N/A</u>
<input type="checkbox"/> E – Credit/Debit Card (Last 4#) _____	INK FEE (if applicable)=	_____
<input type="checkbox"/> K – Cash/Billable	TOTAL AMOUNT=	_____
<input type="checkbox"/> R – Reprint		
<input type="checkbox"/> W- Indigent		

PAID BY (Multiple Customers): \_\_\_\_\_

AGENCY REQUESTING FINGERPRINTS: **FCSO – TOW OVERSIGHT COMMITTEE**

AGENCY PHONE #: **301-600-1002**

FINGERPRINT TECH: \_\_\_\_\_

**FREDERICK COUNTY TOW PROGRAM**