

APPLICANT INFORMATION

Name: Last: _____ Date of Birth: _____

First: _____ Place of Birth: _____

Middle: _____ Residence: _____

Maiden Name: _____

Aliases: _____ Employer and Address: DOCD, 2201 Mail Service Center, Raleigh, NC, 27699-2201

Sex: Male _____ Female _____
(Circle Appropriate Box)

Reason Fingerprinted (Must indicate one):

Race: _____
(Write the appropriate letter in the space provided)

State Check Only _____ (Over 5 yrs in NC)
NC Day Care Provider, NCGS 110-90-2

W - White, B - Black, I - American Indian,
A - Asian or Pacific Islander, U - Unknown

State and Federal Check _____ (Less than 5 yrs in NC)
NC Day Care Provider, NCGS 110-90-1 to 110-91

Height: _____

Social Security Number: _____
(*Optional)

Weight: _____

Eye Color: _____
(Write the appropriate letters in the space provided)

Your Case NO. (OCA): DOCD00000

BLK - Black GRY - Gray MAR - Maroon
BLU - Blue BRO - Brown GRN - Green
HAZ - Hazel PNK - Pink XXX - Unknown

Type of Transaction: NFUF _____

Hair Color: _____
(Write the appropriate letters in the space provided)

NC FP Card Type: CCP _____

BAL - Bald BLK - Black BLN - Blond or strawberry
BRO - Brown GRY - Gray or partially
RED - Red or Auburn SDY - Sandy

*Disclosure of social security number is entirely voluntary and not required. If disclosed, the social security number will be utilized to assist with accurate identification/exclusion of possible criminal history records.

This form is to be submitted to the Division of Child Development with all other required items for a criminal history check to be conducted. Do NOT send this form to the SBI.