



# Fingerprints for Florida Department of Law Enforcement Compromised Identity Review Claim Form

<b>APPLICANT</b> <small>* See Privacy Act Notice on Back</small>	LEAVE BLANK	TYPE OR PRINT ALL INFORMATION IN BLACK						FBI	LEAVE BLANK
		LAST NAME NAM	FIRST NAME	MIDDLE NAME					
SIGNATURE OF PERSON FINGERPRINTED		ALIASES AKA		O R I					
RESIDENCE OF PERSON FINGERPRINTED						DATE OF BIRTH Month Day Year	DOB Year		
		CITIZENSHIP CTZ	SEX	RACE	HGT.	WGT.	EYES	HAIR	
DATE	SIGNATURE OF OFFICIAL TAKING FINGERPRINTS		YOUR NO. OCA		LEAVE BLANK				
EMPLOYER AND ADDRESS		FBI NO. FBI		CLASS _____  REF. _____					
		ARMED FORCES NO. MNU							
REASON FINGERPRINTED		SOCIAL SECURITY NO. SOC							
		MISCELLANEOUS NO. MNU							

  

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
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**FDLE will also accept fingerprints taken on an agency provided applicant fingerprint card.**

**\*\*\*Law enforcement officer or agency designee: Please remember to sign and date the fingerprint card. Also, please provide your ORI number or agency stamp.**