

**SUPERVISORS ONLY (Mark w/IBM)**

ADD TO UCJIS: \_\_\_\_\_

LOGON: \_\_\_\_\_

USER TYPE: \_\_\_\_\_

SEC AGREEMENT: \_\_\_\_\_

FINGERPRINTS: \_\_\_\_\_

USER SETUP (LIVESCAN): \_\_\_\_\_

# FINGERPRINT WORK SHEET

(Updated 06-09-2019)

|                                       |             |
|---------------------------------------|-------------|
| IBM: _____                            | DATE: _____ |
| SLCPD TCN # _____                     |             |
| SLCPD (job title) _____               |             |
| Former UCJIS logon _____ Agency _____ |             |
| ERROR CODE(S) _____                   |             |

**PLEASE FILL THIS OUT FOR FINGERPRINTS:**

Please print the following information (Where it states code, look up the correct code from the code sheet provided).

**FIELDS IN BOLD ARE MANDATORY (FIELDS WITH \* ARE NOT MANDATORY):**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_ Alias Names: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Sex: F or M Race: \_\_\_\_\_ Height: \_\_\_\_ FT \_\_\_\_ IN Weight (lbs): \_\_\_\_\_ Eye Color: \_\_\_\_\_

Hair Color: \_\_\_\_\_ DOB (YYYYMMDD): \_\_\_\_\_ \*Place of Birth: \_\_\_\_\_

Reason for fingerprints: \_\_\_\_\_

Resident Address: \_\_\_\_\_  
Street Address City State Zip Code

Employer name (if reason) \_\_\_\_\_

Employer Address: \_\_\_\_\_  
Street Address City State Zip Code

\*Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**ID Used to Verify Person (Please Circle one):**

1. US Driver License 2. US Identification Card 3. US Passport 4. US Permanent Residence

5. US Concealed Weapon Permit 6. US Military ID 7. Mexican Consulate Card

8. Out of Country Voter Card ID # on card used \_\_\_\_\_ STATE: \_\_\_\_\_

FP/MISC ISSUES (MAP use only): \_\_\_\_\_

|                                    |                     |
|------------------------------------|---------------------|
| <b>TAC USE ONLY</b>                |                     |
| <input type="checkbox"/> BC: _____ | LOGON: _____        |
| CF: Y or N EXP: _____              | TYPE of USER: _____ |
| SO: Y or N MIL: Y or N             | BCI RESULTS: _____  |
| OTRK: Y or N                       | _____               |
| CONV: _____                        | VDX RESULTS: _____  |
| _____                              | _____               |