

APPLICANT INFORMATION

Last Name: _____

Date of Birth: _____

First Name: _____

Place of Birth _____

Middle Name: _____

Residence: _____

Maiden Name: _____

Aliases: _____

Sex: Male Female

Race: White Black
 American Indian
 Asian or Pacific Islander
 Unknown

Height: _____

Weight: _____

Eye Color: Black Gray Maroon
 Blue Brown Green
 Hazel Pink Unknown

Hair Color: Bald Black Green
 Blonde Brown Gray
 Red or Auburn Sandy

Social Security Number:
(*optional) _____

Employer and Address:
CANDIDATE FOR
OFFICE OF SHERIFF
_____ COUNTY

Reason Fingerprinted:
Sworn Criminal Justice Employee

Your Case # (OCA):
County ORI #

Type of Transaction: MAP

NC FP Card Type: CJA

**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.*