SAFE

State Applicant Fingerprint Electronic
Processing Services

Name:_____
Last First Middle

Address:_____

City:_____ State:_____ Zip:_____

Daytime Contact # _____ Social Security #:_____-_____-_____

Date of Birth:_____/_____/_____ Birthplace:_____
Month Day Year *State*

Citizenship:_____ Height:_____ Weight:_____

Original TCN (if this is a reprint) _____

CIRCLE CODES THAT APPLY

SEX	**HAIR COLOR**	**EYE COLOR**
Male . . . . . .M	Bald . . . . . BAL	Black . . . . . BLK
Female. . . . . F	Black . . . . . .BLK	Blue . . . . . BLU
	Blond/Strawberry . . . . BLN	Brown . . . . . BRO
RACE	Brown . . . . . BRO	Gray . . . . . GRY
White . . . . . W	Gray/Part Gray . . . . . GRY	Green . . . . . GRN
Black . . . . . B	Red/Auburn . . . . . RED	Hazel . . . . . HAZ
Unknown . . . . . .U	Sandy . . . . . SDY	Pink . . . . . PNK
	White . . . . . WHI	

Go to www.identogo.com or call 1-866-254-2366 to schedule fingerprinting appointments. Use requesting agency information below to ensure correct processing and fees.

Please bring your **Driver's License (or other State or Federal issued Photo ID)** to your fingerprint appointment

THE CRIMINAL BACKGROUND CHECK IS ONLY VALID FOR 30 DAYS. DO NOT COMPLETE THIS PROCESS UNTIL YOU ARE READY TO BE CERTIFIED BY SCDHEC EMS & TRAUMA

Requesting Agency Information
(This information must be provided by your REQUESTING AGENCY.)
ORI: **SC920111Z** Controlling Agency: **DEPT OF HEALTH AND ENV**
Reason Fingerprinted: **EMT CERTIFICATION/RECERTIFICATION**