

When having your fingerprints processed please ensure all of the highlighted fields are input on the fingerprint card being used.

APPLICANT		LEAVE BLANK		TYPE OR PRINT ALL INFORMATION IN BLACK				LEAVE BLANK	
		LAT NAME		FIRS NAME		MIDDLE NAME			
SIGNATURE OF PERSON FINGERPRINTED		ALIASES		CA0349400		BU OF ID & IN		SACRAMENTO, CA	
PHOTOGRAPH OF PERSON FINGERPRINTED		CITY		RACE		HEIGHT		WEIGHT	
DATE OF BIRTH		STATE		EYES		HAIR		PLACE OF BIRTH	
Emergency Medical Services Authority 1112 International Drive, 2nd floor Rancho Cordova CA 95670		YOUR NO.		OCA		LEAVE BLANK			
ORI CODE: A0536		FBI NO.		FBI		CLASS			
MAIL CODE: 02531		ARMED FORCES NO.		MNU		CLASS			
LICENSE: EMT/PARMED/MOB INT NURSE		SOCIAL SECURITY NO.		SS		REF.			
		ISCELLANEOUS NO.		MNU					
R. H. MB		R. I. INDEX		R. M. MIDDLE					
6. L. THUMB		7. L. INDEX		8. L. MIDDLE		9. L. RING		10. L. UTTER	
LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY				L. THUMB		R. THUMB		RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY	