BALTIMOREFINGERPRINTING

UZURV Holding Inc

Live Scan Pre-Registration Application

Applicant Information (**Please type or print clearly**) ***All Fields are required***

Name: _____
Last First Middle

Address: _____

City: _____State: _____Zip: _____

Home Phone: _____Cell Phone: _____

Height: _____ft. _____in. Weight: _____lbs.

Social Security Number: ----------_____Date of Birth: ____/____/_____

Place of Birth (state): _____Citizen Country: _____

Driver's License/State Issued ID Number _____ _____State _____

Circle Codes That Apply

Gender	Hair Color	Eye Color
Male… .....M Female…..... F	Bald…..BAL Black..... BLK Blonde/Strawberry….BLN Brown… .....BRO Gray/Partial Gray.....GRY Red/Auburn…..RED Sandy ..... SDY White… .....WHI	Black .....BLK Blue… ..... BLU Brown…..... BRO Gray.....GRY Green…..... GRN Hazel .....HAZ Pink .....PNK Multi Color.....MULT
Ethnicity		
Asian/Pacific Islander….A White…..... W Black .....B Unknown…..... U American Indian/Alaskan Native… I		

_____
Signature/Date

For Office Use Only:

Agency/Org: UZURV Holding Inc Authorization # 9000037631

PCN #_____ Tracking # _____

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