

# INSTRUCTIONS FOR HANDLING FINGERPRINT CARDS

*This form must be signed and dated by the authorized fingerprinter **at the time of service**. Failure to have this form signed will result in the applicant needing to complete another fingerprint card **at a cost to the applicant**.*

## Section I – To be completed by the applicant

Applicant's Full Legal Name (Please Print)	Date of Birth

## Section II – To be completed by the authorized fingerprinter

**Assurances** - The person presenting you with this fingerprint card will be using it for a background check as per Idaho Code §33-130 and §33-512. In order to assure proper handling and completion of the fingerprint card, the authorized finger printer must verify the following information.

1. _____ Initials	Verified the applicant filled out the personal information on the fingerprint card: <ul style="list-style-type: none"> <li><input type="checkbox"/> Name, including aliases</li> <li><input type="checkbox"/> Complete mailing address</li> <li><input type="checkbox"/> Social security number</li> <li><input type="checkbox"/> Citizenship</li> <li><input type="checkbox"/> Date of birth</li> <li><input type="checkbox"/> Personal information (sex, race, height, weight, eye &amp; hair color, place of birth)</li> </ul>
2. _____ Initials	Verified the ORI information: <b>ID920170Z, Dept of Edu, Boise, ID</b> This information must be clearly identified in the ORI field.
3. _____ Initials	Verified a positive identification of this applicant using at least one form of photo identification, such as a photo driver's license, Division of Motor Vehicles photo identification card, military identification card, etc.
4. _____ Initials	<b>Signed and dated the fingerprint card on the appropriate line</b>

\_\_\_\_\_  
**AUTHORIZED FINGERPRINTER'S SIGNATURE**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**Name (Please print or type)**

\_\_\_\_\_  
**Police Agency/School District/Institution**