



DMAZ Corporation

7301 N Lincoln Avenue, Suite 150
Lincolnwood, Illinois 60712
(224) 534-7665. Office
(312) 473- 0139 Fax
www.dmazcorp.com

FDLE Electronic Transaction for Health Care Applicants

Applicant Full Name: _____

Transaction Purpose: _____

ORI#: _____

Retention /Clearing House (circle one): Yes - No

**If Clearing House/Retention Code is required include a recent passport size photograph of yourself to us.

SSN# _____ Telephone: _____

Gender: ___ Race: ___ Date of Birth _____ Place of Birth _____
Year/Month/Day US State or foreign Country

Height: _____ Weight _____ Hair Color: ___ Eye Color: _____

Signature: _____ Date: _____

I agree that I have verified the above information and it is correct, I further agree that if at some future point resubmission of my fingerprint is necessary due to an error in the information I have verified, DMAZ Corporation will not resubmit my fingerprint without the necessary payment for the resubmission to FDLE.

*****FOR OFFICE USE ONLY*****

DL/ID/PPT# _____ DL/ID ST _____ EXP _____

Payment: _____ TP: _____ MISC: _____ QT _____ CC Fee: _____ Total Pymt: _____

Applicant TCN# 70CH30000000000000000000 _____ Technician: _____

REQ Agency: _____ Address: _____