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www.dmazcorp.com

FDLE Electronic Fingerprint Transaction

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 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#
Applicant TCN# 70CH300000000000 Technician:
REQ Agency: Address: