



**Dept. of Professional
Regulations**

LEGAL

Name: _____
Last First Middle

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: ____ / ____ / ____ Birthplace: _____
Mo. Day Year State

Citizenship: _____ Social Security#: _____ - _____ - _____

Height: _____ Weight: _____

CIRCLE CODES THAT APPLY

Daytime Phone: _____

Reprint: FBI State Both

<u>SEX</u>
Male.....M
Female.....F
<u>Hair Color</u>
Bald.....BAL
Black.....BLK
Blond/Strawberry..BLN
Brown.....BRO
Gray/Part Gray.....GRY
Red/Auburn.....RED
Sandy.....SDY
White.....WHI

<u>RACE</u>
White.....W
Black.....B
Asian/Pacific Isl.....A
Am. Indian/Alaskan...I
Hispanic.....H
<u>EYE COLOR</u>
Black.....BLK
Blue.....BLU
Brown.....BRO
Gray.....GRY
Green.....GRN
Hazel.....HAZ
Maroon.....MAR
Pink.....PNK

Call 1-815-836-0236 to schedule an appointment. Please bring your **Driver's License (or other State or Federal-issued Photo ID)** to your fingerprint appointment, along with a **Check or Money Order for \$59.00** made payable to CLS Background Investigations.