



**Dept. of Professional  
Regulations Advanced  
Practice, Registered &  
Licensed Practical Nurse**

**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.