

Trace Identity Services, Inc.

www.traceidentitysi.com

email: traceidentity@sbcglobal.net

222 Vollmer Rd. Suite AC

Chicago Heights, IL 60411

Phone: (708) 754-2900 Fax: (708) 754-2999

Out of State Fingerprinting Card Scan Form

Last Name: _____ First Name: _____ MI. _____

Address: _____ City: _____

State: _____ Zip Code: _____ Date of Birth: ____/____/____

Sex: _____ Race: _____ Height: _____ Weight: _____ Hair Color : _____

Eye color: _____ Social Security # ____/____/____

Place of Birth (State or Country if outside USA) _____

Country of Citizenship: US-United States _____ CD-Canada _____ MM-Mexico _____

Phone # (____) _____

Email Address: _____

(Please print neatly in all capital letters)

Please check purpose of fingerprinting below:

<input type="checkbox"/>	Registered Nurse (RN)	<input type="checkbox"/>	Chiropractic Licensee (CHI)
<input type="checkbox"/>	Licensed Practical Nurse LPN)	<input type="checkbox"/>	Physician Licensee (PHY)
<input type="checkbox"/>	Massage Therapist (MTH)	<input type="checkbox"/>	Private Security (Perc Card)
<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	

Please include the following in mailing envelope to Trace Identity Services, Inc.

222 Vollmer Rd Suite AC

Chicago Heights, IL. 60411

- Two Completed Fingerprint Cards Black Ink or Digital
- Payment: Money Order, Company Check or Credit Card Payment
(No personal checks)
- Out of State Fingerprinting Card Scan Form
- Identity Verification Certifying Statement (OOS-FP) completed original form.
- Copy of your Driver's license, State ID or U.S. Passport.

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Credit Card Payment Form

*Required Fields

Applicant Name

*Name

(as it

appears on credit card)

Company Name (if applicable)

*Billing Address

Billing Address 2

*City

*State/Province

*Postal (Zip) Code

*Country

Payment Information

Please circle:

Visa Mastercard American Express Discover Money order

Credit Card number # _____ Expiration _____

Name on Card: _____

3 or 4 digit CVV Code listed on the back of credit card _____

Phone Number: (____) _____

*Total Amount to be Billed to Credit Card \$

I understand and agree to the cardholder agreement and by doing so, give Trace Identity Services, Inc. permission to charge the above card for amount listed.

*Card Holder Signature _____