



Helping Hands Training and Consulting
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LIVESCAN FINGERPRINTING FORM

Applicant Information

First Name: _____ Middle Name: _____

Last Name: _____ Date of Birth: _____

SSN: _____ - _____ - _____ Country of Birth: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____ Email: _____

Demographics

Sex: Female Male

Race: White Black American Indian/Alaskan Native Pacific Islander/Asian Unknown

Hair Color: Brown Black Blonde Gray Red Other: _____

Eye Color: Brown Blue Green Hazel Gray Red Multi-Colored

Height: _____ Feet _____ Inches

Weight: _____ Pounds