

# LIVESCAN FINGERPRINT REQUEST

Date fingerprinted: \_\_\_\_\_ Type of picture ID presented: \_\_\_\_\_

## APPLICANT INFORMATION

Must provide a picture ID to be printed

Applicant Name \_\_\_\_\_  
Last, first, middle

Date of Birth \_\_\_\_\_ Race \_\_\_\_\_ Sex \_\_\_\_\_

Applicant address \_\_\_\_\_  
\_\_\_\_\_ Zip \_\_\_\_\_

Applicant phone number \_\_\_\_\_

## REQUESTING AGENCY INFORMATION

Agency ID: 1340A Agency Name: Bureau of Regulatory Services  
(RQID)

Reason fingerprinted:

**AR-Department of State, Bureau of Regulatory Services**

\*\*Disclaimer: Any and all fingerprints processed with incorrect fingerprint codes/reasons, etc are the responsibility of the REQUESTING AGENCY. MSP will charge for second requests due to incorrect fingerprint reason.