

REGISTRATION FORM

PAYMENT METHOD:			
□CASH □CHECK #			
□CREDIT CARD (VISA, MC, AMEX) NOTE: THE CREDIT CARD CHARGE ON YOUR STATEMENT WILL BE FROM NATIONAL BACKGROUND CHECK, INC. / FAST FINGERPRINTS □DIRECT BILL:			
		APPLICANT INFORMATION:	
		Name:	Daytime Phone Number: ()
		Race:	Date of Birth: /
		Gender:	Place of Birth:
Eye Color:	Citizenship:		
Hair Color:	SSN: (REQUIRED for AHCA background checks)		
Height:in.			
Weight:lbs.			
COMPANY/AGENCY INFORMATION:			
What is the ORI#:	What is the OCA#		
School/Facility/Agency Name			
RELEASE OF BACKGROUND CHECK RESULTS			
I hereby certify that I have given FastFingerprints permission to obtain all criminal history information pertaining to me in the files of the Florida			
Department of Law Enforcement (FDLE), the Federal Bureau of Investigation (FBI) (if requested), and release that information to the			
company/agency indicated above. By placing my fingerprint images on the Live scan scanner, I am authorizing FDLE to release criminal history			
information about me to FastFingerprints. and the company/agency indicated above. I hereby release BCI&I and any and all individuals connected			
therewith from all liability in connection with the dissemination of such criminal history information.			
I understand FastFingerprints cannot guarantee that my fingerprint images will be deemed readable by FDLE, in which case I may need to be re-			
fingerprinted. I understand this does NOT constitute a refund due to ch			
FastFingerprints will assist me with the process to complete this background check if I am rejected a second time.			
Applicant Signature:			
Date:			