



APPLICANT INFORMATION

@007 TAMPA LIVESCAN FINGERPRINT CORP

6723 N Armenia Ave, Tampa , FL 33604

Phone 813-930-8015

www.007tampafingerprint.com

Full Name: _____ **Date:** _____
First Middle Last

Address: _____
Street Address Apartment/Unit #

_____ City State ZIP Code

Gender: Male Female **Race:** White Black American Indian Asian Other: _____

Height: _____ **Weight:** _____ **Eye Color:** _____ **Hair Color:** _____

Date of Birth: ____/____/____ **Social Security No.** _____ - _____ - _____ **Drivers License:** _____

YES NO

Are you a citizen of the United States? YES NO **Birth Place:** _____

Are you Full Resident Alien ? YES NO **Country :** _____

AGENCY REQUESTING SCREENING

Agency Name : _____

ORI #: _____ **TCN #:** _____

(For DCF Use Only) OCA #: _____

EMPLOYER INFORMATION

Employer Name: _____

Address: _____ **Telephone :** _____

I hereby state that, to the best of my knowledge my answers to the above questions are true and correct

Applicant Signature: _____ **Telephone No.** _____

I agree to have @007 Tampa Livescan Fingerprint Corp , perform a livescan and submit the above information along with my fingerprints to the Florida Department of Law Enforcement (FDLE) with the Controlling Agency Number (ORI) listed above. I hold harmless @007 Tampa Livescan Fingerprint Corp and its affiliates for any errors or omissions in performing this screening and for any results of the screening services. **BACKGROUND CHECK RESULTS ARE NOT SENT BACK TO @007 Tampa Livescan Fingerprint Corp.** @007 Tampa Livescan Fingerprint Corp , DOES NOT SELL, RENT OR SHARE ANY OF YOUR CONFIDENTIAL INFORMATION. We do not issue refunds under any circumstance once the scan has been submitted. Please be certain that the information you provide on this form is accurate. Once it is received by the Florida Department of Law Enforcement (FDLE), it will be processed exactly as it was submitted and cannot be changed.