

UID# _____

SON# _____



FINGERPRINT REQUEST AND INFORMATION SHEET
(PLEASE TYPE OR PRINT IN INK)

FINGERPRINT ONLY

1. EMPLOYEE SECTION

Last Name _____ First Name _____ Middle Name _____

Social Security Number (SSN): _____ - _____ - _____ Place of Birth _____ / _____ / _____
State Country

Date of Birth _____ / _____ / _____ Citizenship (U.S., Canada, Japan, etc.): _____
Year Month Date

Alias(es) _____ Alias(es) Dates of Birth _____ / _____ / _____
(Including Maiden or Married Name) Year Month Date

Gender: _____ Race: _____ Eye Color: _____ Hair Color: _____ Height: _____ Weight: _____

Home Address: _____
Street City State Zip Code

Job Title: _____ Phone #: _____

I certify that all information is true and accurate. I further acknowledge that any information submitted on this document that is not true and accurate will result in possible criminal charges.

Employee Signature: _____ **Date:** _____

2. EMPLOYER SECTION

Employer: _____ **Address:** _____
(Please indicate which company you will be working for.)

Contact Person: _____ **Phone #:** _____

3. TYPE OF BILLING

TYPE OF BILLING REQUESTED: EMPLOYEE TO PAY EMPLOYER TO BE BILLED SPONSORING AUTHORITY TO BE BILLED

4. SPONSORING AUTHORITY SECTION

Company Name: _____ **Company Code:** _____

Authorized Agent (PRINT): _____ **Agent Code:** _____

Authorized Agent (SIGNATURE): _____ **Date:** _____

***** **For Airport Authority Use Only** *****

Approved: _____ **Date:** _____ / _____ / _____

Total Cost: _____ **Paid:** _____ **To Be Billed:** _____ **Approval:** _____

Date Printed: _____ **Printed By:** _____ **Employee Signature** _____