



**FAST**

Fingerprint Applicant Services of Texas

**SAMPLE**

To schedule an appointment, visit <http://www.ibtfingerprint.com> or call 1-888-467-2080

**Authorized Agency Information (To be completed by Requesting Agency)**

Agency ORI \_\_\_\_\_ Agency Name Texas Education Agency

District ORI \_\_\_\_\_ District Name ISD

Reason for fingerprinting \_\_\_\_\_ Educator Certification \_\_\_\_\_

Agency Assigned Applicant Number \_\_\_\_\_  
(if required by Agency)

Original TCN \_\_\_\_\_  
(if resubmission for rejected prints)

**Applicant Information (To be completed by Applicant)**

Applicant Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_  
(please print)

Sex  Male  Female Race \_\_\_\_\_ Ethnicity \_\_\_\_\_ Skin Tone \_\_\_\_\_  
(W,B,A,I,O) (Hispanic or Non-Hispanic)

Date of Birth \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Hair Color \_\_\_\_\_ Eye Color \_\_\_\_\_  
(feet and inches)

Place of Birth \_\_\_\_\_ Citizenship \_\_\_\_\_ Social Security No. \_\_\_\_\_  
(state or country) (country)

DL/ID No. \_\_\_\_\_ State Issuing DL/ID No. \_\_\_\_\_

Home Address \_\_\_\_\_  
Street Address City State Zip

I certify the applicant information provided above is true and accurate. I authorize the Texas Department of Public Safety to access Texas and Federal criminal history record information that pertains to me and disseminate that information to the above designated Authorized Agency or Qualified Entity through the DPS Fingerprint based Applicant Clearinghouse of Texas and as authorized by Texas Government Code Chapter 411 and any other applicable state and federal statute or policy.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Service Center Information (To be completed by Live Scan Operator)**

Date Prints Taken \_\_\_\_\_ Amount Charged For Service \_\_\_\_\_

Paid by:  Check  Money Order  Visa  MasterCard  Billing Acct \_\_\_\_\_  
 At time of scheduling  At time of appointment

TCN \_\_\_\_\_

**I HAVE COMPARED THE GOVERNMENT-ISSUED IDENTIFICATION PRESENTED BY THE APPLICANT AND ATTEST THAT TO MY BEST DETERMINATION, I HAVE FINGERPRINTED THE SAME PERSON.**

Name of LSO \_\_\_\_\_  
(please print)

Signature of LSO \_\_\_\_\_