



**FAST**

Fingerprint Applicant Services of Texas

To schedule an appointment, visit [www.tl1id.com](http://www.tl1id.com) or call 1-888-467-2080 (8 a.m. – 5 p.m. CST)

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

Agency ORI TX922250Z Agency Name Texas Department of Family and Protective Services – Day Care

Reason for fingerprinting: \_\_\_\_\_

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

**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 \_\_\_\_\_