

# FINGERPRINTS FOR APPLICATION FOR CERTIFICATION OF ELIGIBILITY

**Name:**  
**Last** \_\_\_\_\_ **First** \_\_\_\_\_ **Middle** \_\_\_\_\_

**Alias(aka)**  
**Name: Last** \_\_\_\_\_ **First** \_\_\_\_\_ **Middle** \_\_\_\_\_

**RACE:** \_\_ **SEX:** \_\_ **DOB:** \_\_\_\_\_ \* **SOC:** \_\_\_\_\_ **Place of Birth:** \_\_\_\_\_

**Please mail completed application and fingerprints to:  
 FDLE, P.O. Box 1489, Tallahassee, FL 32302, Attn: Expunge/Seal Section**

Signature of official taking fingerprints: \_\_\_\_\_ **ORI:** \_\_\_\_\_

Signature of person fingerprinted: \_\_\_\_\_ **Date:** \_\_\_\_\_

1. R. Thumb	2. R. Index	3. R. Middle	4. R. Ring	5. R. Little
6. L. Thumb	7. L. Index	8. L. Middle	9. L. Ring	10. L. Little
	L. Thumb	R. Thumb	Right Four Fingers Taken Simultaneously	

- Social Security Number, this information is voluntary; failure to disclose may delay the processing time of your application.