

APPLICANT INFORMATION

Please print name as shown on photo Identification Card you will take to Law Enforcement Agency.

Name: Last: _____ Date of Birth: _____

First: _____ Place of Birth: _____

Middle: _____ Residence: _____

Maiden Name: _____

Aliases: _____

Employer and Address:

DOCD

2201 Mail Service Center

Raleigh, NC, 27699

Sex: Male _____ Female _____

Race: _____

(Write the appropriate letter in the space provided)

W = White B = Black I = American Indian

A = Asian or Pacific Islander U = Unknown

Reason Fingerprinted:

State and Federal Check

NC Day Care Provider

NCGS 114-9.5, 110-90.1 to 110.91

Height: _____

Social Security Number: _____

(*Optional)

Weight: _____

Eye Color: _____

(Write the appropriate letters in the space provided)

BLK = Black GRY = Gray MAR = Maroon

BLU = Blue BRO = Brown GRN = Green

HAZ = Hazel PNK = Pink XXX = Unknown

Your Case NO. (OCA): DOCD000000

Type of Transaction: Non-Federal User Fee

NCFP Card Type: Child Care Provider

Hair Color: _____

(Write the appropriate letters in the space provided)

BAL = Bald BLK = Black BLN = Blond or strawberry

BRO = Brown GRY = Gray or partially

RED = Red or Auburn SDY = Sandy

*Disclosure of social security number is entirely voluntary and not required. If disclosed, the social security number will be utilized to assist with accurate identification/exclusion of possible criminal history records.

This form is to be submitted to the Division of Child Development and Early Education with all other required items for a criminal history check to be conducted. Do NOT send this form to the SBI.

YOUR NAME MUST MATCH ON ALL FORMS, INCLUDING FORM DHHS-004

Rev. 9/14