



ROY COOPER  
ATTORNEY GENERAL

NORTH CAROLINA  
STATE BUREAU OF INVESTIGATION  
DEPARTMENT OF JUSTICE

3320 GARNER ROAD  
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(919) 662-4500  
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GREGORY S. MCLEOD  
DIRECTOR

**ELECTRONIC FINGERPRINT  
SUBMISSION RELEASE OF INFORMATION**

I authorize the North Carolina Department of Justice through the State Bureau of Investigation, Criminal Information and Identification Section, to perform a national criminal history record check in connection with my application for license with the Division of Health Service Regulation pursuant to N.C.G.S. 114-19.21.

I understand that the North Carolina State Bureau of Investigation, Criminal Information and Identification Section, the Federal Bureau of Investigation, and its officials and employees shall not be held legally accountable in any way for providing this information to the above named agency, and I hereby release said agency and persons from any and all liability which may be incurred as a result of furnishing such information. I understand that the above named agency cannot provide a hard copy of the results of this criminal history record check to me.

\_\_\_\_\_  
Applicant/Licensee's Signature

\_\_\_\_\_  
Date

I authorize the above named subject to be fingerprinted and have the fingerprints submitted to the SBI electronically.

\_\_\_\_\_  
Agency Authorized Official's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Official's Printed Name

\_\_\_\_\_  
Agency Address

\_\_\_\_\_  
Agency Phone Number

I certify that I have taken the fingerprints of the above named subject and forwarded them electronically to the State Bureau of Investigation.

\_\_\_\_\_  
Signature of Official Taking Fingerprints

\_\_\_\_\_  
Date

Agency Seal/Certification \_\_\_\_\_



A Nationally Accredited State Agency



An ASCLD/LAB Accredited Laboratory Since 1988

## APPLICANT INFORMATION

Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

First Name: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Residence: \_\_\_\_\_

Maiden Name: \_\_\_\_\_

Aliases: \_\_\_\_\_

Employer and Address:  
DHSR Office of Emergency Services

Sex: Male \_\_\_\_\_ Female \_\_\_\_\_

Reason Fingerprinted:  
DHSR/EMS Applicant  
State and Federal Search

Race: \_\_\_\_\_

(write the appropriate letter in the space provided)

W – White, B – Black, I – American Indian,  
A – Asian or Pacific Islander, U - Unknown

Social Security Number: \_\_\_\_\_  
(\*Optional)

Your Case No. (OCA): DHSREMS00

Height: \_\_\_\_\_

Type of Transaction: \_\_\_\_\_ NFUF

Weight: \_\_\_\_\_

NC FP Card Type: \_\_\_\_\_ OTH

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

Hair Color: \_\_\_\_\_

(write the appropriate letters in the space provided)

BAL – Bald    BLK – Black    BLN – Blonde 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.