



Phone: 773-685-5699  
Fax: 773-685-5433  
www.accuratebiometrics.com

Please Provide The Following Information (Please Print Clearly).

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_

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

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

Place of Birth: (State or Country if outside USA): \_\_\_\_\_

Applicant Phone Number: \_\_\_\_\_

ORI- \_\_\_\_\_

\_\_\_\_\_  
(DO NOT WRITE BELOW THIS LINE – FOR OFFICE USE ONLY)

Client ID

TCN# \_\_\_\_\_ Date Printed \_\_\_\_\_