



NON-RESIDENT CCW FINGERPRINT IDENTIFICATION VERIFICATION FORM

INSTRUCTIONS FOR LICENSE APPLICANT:

1. Bring this Fingerprint Identity Verification Form to your fingerprinting appointment.
2. Order Number (issued with application): _____
3. Ensure your name on your fingerprint card is printed exactly as it appears on your ID.
4. Bring a valid government-issued photo ID to your fingerprinting appointment.
5. Bring an 8x10 manila envelope addressed to:
 San Joaquin County Sheriff's Office
 Professional Standards Division - CCW Unit
 7000 Michael Canlis Blvd,
 French Camp, CA 95231

APPLICANT INFORMATION (TO BE COMPLETED BY THE APPLICANT)

Applicant Name (as it appears on ID):		
Date of Birth:	Social Security # (optional):	
Reason Fingerprinted/Requesting Agency:		Date Fingerprinted:

INSTRUCTIONS FOR OFFICER / FINGERPRINTING TECHNICIAN:

1. Examine applicant photo ID, then confirm ID type and photo ID # above.
2. Complete ID information section.
3. Technician Sign and date fingerprint card **AND Verification form** below
4. Capture fingerprints.
5. Seal fingerprints in envelope and sign the seal.
6. Return envelope and completed Fingerprint Identity Verification Form to applicant to mail.

FINGERPRINT TECHNICIAN INFORMATION (TO BE COMPLETED BY TECHNICIAN)

Applicant Photo ID Checked (Select one): <input type="checkbox"/> Driver License <input type="checkbox"/> Passport/Passport Card <input type="checkbox"/> Military ID <input type="checkbox"/> Other (specify):	Issuing State/Country:	
	Expiration:	
	Number:	
<i>By signing below, I certify that I personally examined the photo ID of the applicant, captured their fingerprints on the accompanying approved fingerprint card/form (e.g., FD-258).</i>		
Technician Name:	Title/Employee ID#:	
Office Location:	Phone Number/Extension:	
Technician Signature:	Date:	

