

PS-4

AFFIDAVIT OF PERSON ROLLING FINGERPRINTS

AND INSTRUCTIONS



Department of Public Safety Standards and Training
Private Security/Investigator Program, 4190 Aumsville Hwy SE
Salem, OR 97317 Ph. (503) 378-8531 FAX (503) 378-4600

Oregon law requires Private Security/Investigator Services Provider applicants to submit two fingerprint cards with their application for certification/Licensure. These cards will be used by the Oregon State Police (OSP) ID Bureau and the FBI to check their criminal history.

PLEASE VIEW APPLICANT IDENTIFICATION, COMPLETELY FILLING OUT THE CARDS.

FBI REQUIRES US TO USE SPECIFIC PRINT CARDS, PROVIDED TO THIS APPLICANT.

1. **REQUIRED:** sealed tamper-tape packet, two original FBI fingerprint cards and this PS-4 Affidavit.
2. Fully complete the fingerprint cards by entering the applicant's name (including any alias), as well as ALL other personal information, as indicated in each block. Use black ink and legible, block-type letters. PLEASE USE THE OSP CODES FOR HAIR AND EYE COLOR:

**Black = BLK Brown = BRO Blonde = BLN Gray = GRY White = WHT Red = RED
Blue = BLU Hazel = HAZ Green = GRN**

3. View at least one form of picture identification, such as a photo driver's license or military ID card.
4. Sign this form, placing it and the two fingerprint cards in the tamper-proof envelope. Seal the envelope by removing the paper strip and folding the flap over. **RETURN TO APPLICANT.**

THIS IS A SWORN AFFIDAVIT of the person rolling fingerprints and completing cards:

**I SWEAR OR AFFIRM, UNDER PENALTY OF PERJURY, that I have personally reviewed the completed print card information for _____
by viewing a _____ Applicant's Name**

Driver's License # _____ State _____

Other: _____

I personally observed the applicant sign both fingerprint cards. I signed the FBI card, rolled the fingerprints of the applicant, placed the cards in the tamper-proof envelope, completed and signed this Affidavit. I will personally seal the envelope.

PRINT or Type Name of Fingerprint Tech/Law Enforcement Agent DPSST/PS ID # Date

Original Signature of Fingerprint Tech/ Law Enforcement Agent Day-time Phone Number

Agency or Business Name Mailing Address