



**FAST**

Fingerprint Applicant Services of Texas

## Fingerprint Card Scan Authorization Form

Please print legibly and complete all fields in Section 2 (Applicant Information)

This form must be attached to your completed fingerprint card and a check or money order for **\$44.20** payable to IBT.

*Check or money order payable to "IBT"*

### Section 1

#### Authorized Agency Information (To be completed by Requesting Agency)

Agency ORI TX920540Z Agency Name Texas Department of Insurance

Reason for fingerprinting GC 411.106

Agency Assigned Applicant Number Not Applicable  
(if required by Agency)

Original TCN \_\_\_\_\_  
(if resubmission for rejected prints)

### Section 2

#### Applicant Information (To be completed by Applicant) – Please Print Legibly

Applicant Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_  
(please print)

Sex  Male  Female Race \_\_\_\_\_ Ethnicity \_\_\_\_\_ Skin Tone \_\_\_\_\_  
(W, B, A, I, O) (Hispanic or Non-Hispanic)

Date of Birth \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Hair Color \_\_\_\_\_ Eye Color \_\_\_\_\_  
(feet and inches)

Place of Birth \_\_\_\_\_ Citizenship \_\_\_\_\_ Social Security No. \_\_\_\_\_  
(state or country) (country)

DL / ID No. \_\_\_\_\_ State Issuing DL / ID No. \_\_\_\_\_

Home Address \_\_\_\_\_  
Street Address City State Zip