

TAPS Fingerprint Application Scheduling

Last name: _____

First name: _____

Middle name: _____

Date of birth: _____

Place of birth (state): _____

Social Security Number: _____

Sex: _____

Race: _____

Eye color: _____

Hair color: _____

Height (feet/inches): _____

Weight: _____

Country of citizenship: _____

Driver license number: _____

Driver license state: _____

Street Address: _____

City: _____

State: _____

Zip: _____

Phone Number: _____

Email: _____