



Fingerprint Appointment

Use this form to assist in scheduling a Department of Social and Health Services fingerprint appointment.

Section 1: To be completed by the requesting agency

- The agency requesting a fingerprint check must provide the following numbers:
BCCU Account Number: _____ BCCU Inquiry ID/OCA Number: _____
- The agency requesting a fingerprint check must check **one of the following**:

<p><u>Children's Administration</u></p> <p><input type="checkbox"/> Purpose Code X Emergency Placement</p> <p><input type="checkbox"/> Children's Adoption, Contract, Foster Care, Relative Placement, Residential Facility or Child Placing Agency</p> <p><u>Aging and Disability Services Administration</u></p> <p><input type="checkbox"/> Division of Developmental Disabilities</p> <p><input type="checkbox"/> Home and Community Services</p> <p><input type="checkbox"/> Home Care Referral Registry</p> <p><input type="checkbox"/> Volunteer</p>	<p><u>State Employee:</u></p> <p><input type="checkbox"/> Children's Administration Employee with NCIC Access</p> <p><input type="checkbox"/> Juvenile Rehabilitation Employee with NCIC Access</p> <p><input type="checkbox"/> Division of Fraud Investigations Employee with NCIC Access</p> <p><input type="checkbox"/> Special Commitment Center Employee with NCIC Access</p> <p><input type="checkbox"/> Special Commitment Center Employee</p> <p><u>Long Term Care Applicants</u></p> <p><input type="checkbox"/> Adult Family Home</p> <p><input type="checkbox"/> Boarding Home</p> <p><input type="checkbox"/> Private Home Care Worker</p>
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Section 2: Information to gather BEFORE scheduling a fingerprint appointment

Be prepared to provide the information from Section 1 AND the information below when scheduling your fingerprint appointment.

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| 1. Name (Last, First, Middle) | 5. Date of Birth (MM/DD/YYYY) |
| 2. Address (Street, City, State, Zip Code) | 6. Birth Place (State/Country) |
| 3. Daytime Phone (Area Code and Number) | 7. Height (Feet/Inches) |
| 4. Social Security Number (Optional) | 8. Weight (Pounds) |

<p>9. <u>SEX</u></p> <p style="text-align: center;">Male Female</p>	<p>11. <u>HAIR COLOR</u></p> <p>Black Orange</p> <p>Brown Purple</p> <p>Gray/part gray Blue</p> <p>Red/Auburn Completely bald</p> <p>Sandy Green</p> <p>Blonde Pink</p> <p>White</p>	<p>12. <u>EYE COLOR</u></p> <p>Black Hazel</p> <p>Blue Maroon</p> <p>Brown Pink</p> <p>Gray Multicolored</p> <p>Green Unknown</p>
<p>10. <u>RACE</u></p> <p>Caucasian or other Hispanic culture</p> <p>African-American/African</p> <p>Asian or Pacific Islander</p> <p>American Indian, First Nations, Eskimo, or Alaskan Native</p> <p>Unknown</p>		

Section 3: Fill out this section WHILE scheduling your fingerprint appointment

- Go to www.l1enrollment.com or call **1-888-771-5097** to schedule your fingerprint appointment.
- Use this space to write down the date, time and location of your fingerprint appointment:
Date: _____ Time: _____
Location: _____

Section 4: Personal Identification

You must bring one of the following NON-EXPIRED Government Issued PICTURE ID options with you to your fingerprint appointment.

Government Issued PICTURE ID:

- US Driver's License, or any Federal, State, or Local Government issued ID (Including a Washington State Learner's Permit)
- Any US Armed Services ID (Army, Air Force, Navy, Marines, etc...)
- US Passport
- Foreign Passport (with photo and signature)
- Federally Recognized Tribal ID

All ID must be current. Expired identification WILL NOT be accepted unless you can prove that you are in the process of renewing it.