



Motor Vehicle Division

99-0141A R05/19 azdot.gov

Mail Drop 542M
Criminal Records Check Unit
PO Box 2100
Phoenix, AZ. 85001-2100

FINGERPRINT
TECHNICIAN

Compare the demographics on the applicant's state issued driver license or ID to the applicant and cross reference the information on the fingerprint card. Once the prints have been captured, place the fingerprint card and this form in the provided envelope. Please seal the envelope and return to the applicant.

PRINT the following information:

Form with fields: Date, Name of Applicant, Date of Birth, Type of Photo ID provided (checkboxes for Driver's License, Passport, Other), Name of Fingerprint Technician, Fingerprint Technician's Agency/Company Name.

MVD USE ONLY

DPS Inventory Number: _____

Business Name: _____

Application Type: [] Authorization [] Certification [] License

Service Type: [] Vehicle Inspection [] Dealer License [] Instructor Training
[] Processor [] Traffic Survival School
[] Other (explain): _____

Program _____ Program Contact Name _____ Phone () _____