



**METROPOLITAN POLICE DEPARTMENT  
CIVILIAN FINGERPRINT SECTION**

**441 4th Street, NW, Room 550 South  
Washington, DC, 20001**

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**Notification of Fingerprinting Services**

I understand that a Federal Bureau of Investigation (FBI) fingerprint analysis is required before my application and/or license may be approved. I therefore authorize the Metropolitan Police Department to request my fingerprint analysis from the FBI through the submission of my fingerprints. I understand that this is part of the application process.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**PLEASE PRINT THIS INFORMATION LEGIBLY**

Social Security #:

First Name:

Full Middle Name:

Place of Birth:

Country of Citizenship:

Date of Birth:

Sex:

Race:

Height:

Weight:

Eye Color:

Hair Color:

Agency:

Email:

Phone#:

Address:

Fingerprint Technician Section

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Sign Name