

APPLICANT INFORMATION

Please print name as shown on photo Identification Card you will take to Law Enforcement Agency.

Name: Last: _____ Date of Birth: _____

First: _____ Place of Birth: _____

Middle: _____ Residence: _____

Maiden Name: _____

Aliases: _____

Employer and Address:

DOCD

319 Chapanoke Rd. Ste 120

Raleigh, NC, 27699

Sex: Male _____ Female _____

Race: _____

(Write the appropriate letter in the space provided)

W =White B =Black I =American Indian

A =Asian or Pacific Islander U =Unknown

Reason Fingerprinted:

State and Federal Check

NC Day Care Provider

NCGS 114-9.5, 110-90.1 to 110.91

Height: _____

Social Security Number: _____

(*Optional)

Weight: _____

Eye Color: _____

(Write the appropriate letters in the space provided)

BLK =Black GRY =Gray MAR =Maroon

BLU =Blue BRO =Brown GRN =Green

HAZ =Hazel PNK =Pink XXX =Unknown

Your Case NO. (OCA): DOCD000000

Type of Transaction: Non-Federal User Fee

NCFP Card Type: Child Care Provider

Hair Color: _____

(Write the appropriate letters in the space provided)

BAL =Bald BLK =Black BLN =Blond or strawberry

BRO =Brown GRY =Gray or partially

RED =Red or Auburn SDY =Sandy

*Disclosure of social security number is entirely voluntary and not required. If disclosed, the social security number will be utilized to assist with accurate identification/exclusion of possible criminal history records.

This form is to be submitted to the Division of Child Development and Early Education with all other required items for a criminal history check to be conducted. Do NOT send this form to the SBI.

YOUR NAME MUST MATCH ON ALL FORMS, INCLUDING FORM DHHS-004