

**Instructions-**Enter all dates as MM/DD/YYYY e.g. 07/28/1948.

9. **Alias and/or Maiden Name** – An alias is a name in which the first name and/or last name is different than the name entered in field number 1.
10. **SEX** – Enter “M” for Male, “F” for Female, or “U” for Unknown.
11. **Race** – Enter the racial appearance code which best describes the person’s appearance.  
Note: If Hispanic person, enter a race category here and enter “H” in field 10.  
W – White    I – American Indian or Alaskan Native    O – Other  
B – Black    A – Asian or Pacific Islander    U – Unknown
12. **Ethnicity** – Enter “H” for Hispanic, “N” for Not Hispanic, or “U” for Unknown.
13. **Skin** – Enter the skin tone code for the category which best describes the person’s skin color (complexion).  
ALB - Albino    FAR-Fair    MBR – Medium Brown    YEL – Yellow  
BLK – Black    LGT – Light    OLV- Olive    OTH-Other  
DRK – Dark    LBR – Light Brown    RUD – Ruddy    UNK – Unknown  
DBR – Dark Brown    MED – Medium    SAL - Sallow
14. **Hair** – Enter the hair color code which best describes the person’s hair color.  
BAL-Bald    BRO – Brown    SDY – Sandy    OTH – Other  
BLK – Black    GRY – Gray    WHI – White  
BLN - Blonde    RED – Red    XXX – Unknwn
15. **EYES** – Enter the eye color code which best describes the person’s eye color.  
BLK – Black    GRY – Gray    MAR – Maroon    XXX – Unknown  
BLU – Blue    GRN – Green    PNK – Pink    OTH – Other  
BRO – Brown    HAZ – Hazel    MUL – Multi-colored
20. **Place of Birth** – If USA enter 2 digit state code: if not USA enter country.
23. **Agency ID No.** – If used, enter the unique 3 digit payroll number assigned to your agency.
24. **Reason Fingerprinted** – Check the appropriate box.
27. **LICENSE TYPE/JOB TITLE** – Enter the license type/job title for which the fingerprint card is being submitted.

**Department Of Citywide Administrative Services  
 Division Of Citywide Personnel Services  
 Investigations Unit**

**LIVESCAN FINGERPRINT INFORMATION**

1) Last Name			2) First Name			3) Middle Initial		
4) Street Address						5) Apt/Bldg. #		
6) City				7) State		8) Zip Code		
9) Alias or Maiden Name					10) Sex	11) Race	12) Ethnicity	
13) Skin	14) Hair	15) Eyes	16) Weight	17) Height		18) Date of Birth		19) Age
20) Place of Birth (State County)			21) Social Security Number			22) Date Fingerprinted		23) Agency ID No. <b>067</b>
24) Reason Fingerprinted (Check One)						25) Contributor/ Company, Agency, Department or Institution-Name and Address		
APPLICATION JOB <input type="checkbox"/> LICENSE APPLICATION <input type="checkbox"/> PEACE OFFICER APPLICATION <input type="checkbox"/>						NYC ADMINISTRATION FOR CHILDREN'S SERVICES 150 WILLIAM STREET, NEW YORK, NY 10038		
26)						27) License Type/Job Title		
<b>TWO PIECES OF IDENTIFICATION ARE REQUIRED          SPECIFY TYPES OF IDENTIFICATION AND INCLUDE NUMBERS</b>  1) _____  2) _____						28) Signature of Person Fingerprinted		
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> <b>CAPS RECORD NUMBER</b> </div>						29) Signature of Person Taking Prints		

Please Type or Print all Information.