

COMMONWEALTH LOTTERY COMMISSION

FINGERPRINT & IDENTIFICATION FORM

Present this form to the Criminal Records Section of the CNMI Department of Public Safety and a completed Form 8A (Fingerprint Background Waiver) to the fingerprint technician at the time fingerprints are taken.

First Name:

Last Name:

Name of Entity:

Position/Title:

Contact No:

Fax No.:

Email:

City:

State:

Zip Code:

Social Security Number:

DOB:

Place of Birth:

Sex:

Race:

Height (ft/in):

Eye Color:

Hair Color:

Alias:

** Copies of the Fingerprints of the above named lottery license applicant will be kept in the Commonwealth Lottery Commission and the Department of Public Safety Records Division.

I, _____, certify that the information provided above is true and accurate, and I am presenting it to establish my identity and for the purposes of a background investigation.

1. I am the applicant submitting this fingerprint and identification form.
2. I personally supplied the information contained in this form.
3. I swear (or affirm) that the foregoing statements made by me are true.
4. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

Signature of Applicant

Date

Certificate of Fingerprint Submission

On the _____ day of _____, 20____,

Applicant's Full Legal Name

Appeared before me, provided proper identification, and submitted two complete and appropriate sets of fingerprints for the purposes of Federal Bureau of Investigation background check.

DPS Finger printer (Print Name) _____
Last First MI

DPS Finger Printer (Signature) _____

****Required Department of Public Safety stamp or seal below**