



FAST

Fingerprint Applicant Services of Texas

Out-of-State Applicants: Fingerprint Card Scan Authorization Form

Please print legibly and complete all fields in Section 2 (Applicant Information)
Mail this form, along with your completed fingerprint cards and a check for \$ 44.20 to:

IBT
1650 Wabash Avenue, Suite D
Springfield IL 62704

Checks payable to "IBT"

Section 1

Authorized Agency Information (To be completed by Requesting Agency)

Agency ORI TX923439Z Agency Name Texas Funeral Service Commission

Reason for fingerprinting Application for Licensure

Agency Assigned Applicant Number Not Applicable
(if required by Agency)

Original TCN _____
(if resubmission for rejected prints)

Section 2

Applicant Information (To be completed by Applicant) – Please Print Legibly

Applicant Last Name _____ First Name _____ Middle Name _____
(please print)

Sex Male Female Race _____ Ethnicity _____ Skin Tone _____
(W, B, A, I, O) (Hispanic or Non-Hispanic)

Date of Birth _____ Height _____ Weight _____ Hair Color _____ Eye Color _____
(feet and inches)

Place of Birth _____ Citizenship _____ Social Security No. _____
(state or country) (country)

DL / ID No. _____ State Issuing DL / ID No. _____

Home Address _____
Street Address City State Zip