



Texas Registration

1 2 3 4 **5 Personal Info** 6 7

Items marked with an * are required.

I. CONTACT INFORMATION

First Name*	Last Name*	Middle Name	Suffix
Alias			
Street Address*		Apt. Number	
City*	State* TEXAS	Zip Code*	Country* United States
Home Phone*	Work Phone	Extension	Cell Phone
Email Address			

II. PERSONAL INFORMATION

Date of Birth (09/26/1972)*	Gender*	Height* ft. in.	Weight* lbs.
Race*	Hair Color*	Eye Color*	Place of Birth*
Citizen Country* United States			
Drivers License or State ID Number*	Issuing State of Drivers License or State ID* TEXAS	Drivers License Type*	

III. BILLING INFORMATION

You will be charged \$44.20 for services.

Reminder: Credit Cards are not accepted at time of appointment. Only personal checks, certified checks, and money orders are accepted at the fingerprint site. Cash is not accepted.

Payment Method*	Billing Account Number
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After You Have Entered All Required Information ---->

Send Information

If you have any questions, please call L-1 Enrollment Services at (888) 467-2080

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