	1. Name (Last, Fi	rst, Middle)				MSP USE ONLY				
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Α	2. Date of Birth	3. Race	4. Sex							
	5. Impressions Ta	ıken By	6. Badge Number	7. Date Printed	10. Signature of	Person Printed (in own w	riting)			
					11. Address	11. Address 11			1a. Telephone	
В	8. Reviewed By		9. Agency							
					12. City			13. State	14. Zip Code	
					12a. County					
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1. Ri	ght Thumb	2. Ri	ight Index	3. Right Middle		4. Right Ring		5. Right Litt	le	
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6. Le	ft Thumb	7. Le	eft Index	8. Left Middle		9. Left Ring		10. Left Litt	le	
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	Left Four	Fingers Taken S	imultaneously	Left Thumb	Right Thumb	Right Four Fingers Taken Simultaneously				

Complete Sections D Thru F (Please Print Legibly) "Do Not Fold Fingerprint Card"											
D	15. Name of Applicant (Last, First, Middle)					16. Date of Birth	50. State Identification Number – (SID) if known				
	17. Race 18. Se	19. Height	t 20. Weight	21. Hair	22. Eyes	23. Driver's License Number (State)	24. Social Security Number*				
	25. State or Country of Birth 26. Marks, Scars, Amputations, Tattoos, Etc.					27. Additional Names (Last, First, Middle)					
E	28. Applicant For:  Personal Use (MCL 28.271) Setting Aside Adjudication (MCL 712A.18e) Name Change (MCL 771.1) VISA/Immigration (MCL 28.271) Other (specify)  Adoption (MCL 28.271)										
F	Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Public Law 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.  Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint- based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprints repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.  Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/ biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies; criminal justice agencies; and agencies responsible for national securit										
G		RI-0	800	(04/2019)		Michig	olicant and Personal dentification Card an State Police (MSP) Cashier's Office 30266, Lansing, MI 48909-7766				
	AUTHORITY: MCL 28.242a; COMPLIANCE: Voluntary. IMPORTANT: Information provided on this form may be computerized in State Files. *Social Security Number is confidential and unlawful disclosure is prohibited under both State and Federal law.										