**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\* TAC USE ONLY \*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

**SCSO/SV**  **DETENTION SERVICES**  County of Spokane ORI#: WA0320000

**SPOKANE COUNTY PROSECUTORS**  County of Spokane ORI#: WA032013A

**SPD**  **SFD**  City of Spokane ORI#: WA0320400

**SPOKANE CITY PROSECUTORS**  City of Spokane ORI#: WA032041A

DEPARTMENTAL CONTACT (TAC) Lt. Barbieri/Deputy Chris Gunter

EMPLOYEE/APPLICANT’S POSITION S.C.O.P.E. Volunteer

**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\* APPLICANT USE \*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

APPLICANT’S FULL NAME

AKA, ALIAS, MAIDEN, ADOPTED NAME(S)

APPLICANT’S ADDRESS

VENDOR/EMPLOYER NAME

APPLICANTS EMAIL ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE OF BIRTH SEX RACE

HEIGHT WEIGHT HAIR COLOR EYE COLOR

DRIVER’S LICENSE # STATE

SOCIAL SECURITY NUMBER PHONE NUMBER

PLACE OF BIRTH

SCARS, MARKS AND/OR TATTOOS

FORENSIC UNIT – PUBLIC SAFETY BLDG., 1100 W. MALLON AVE, SPOKANE, WA 99260

**For fingerprint appointments, contact CHRIS CONWAY @ 509-477-3305**

**BRING THIS COMPLETED FORM TO YOUR APPOINTMENT OR YOU WILL BE ASKED TO RESCHEDULE.**

**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\* FORENSIC USE ONLY \*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

DATE FINGERPRINTED \_\_\_\_\_\_\_\_\_\_\_\_\_ TRANSMISSION - $49.25 MAILED - $86.25

SID# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FBI# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CID# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BACKGROUND CHECK: ☐ CLEARED ☐ SENT FOR REVIEW