SAFE

State Applicant Fingerprint Electronic Processing Services

L-1 IDENTITY SOLUTIONS™
ENROLLMENT SERVICES DIVISION

Name:_____
Last First Middle

Address:_____

City:_____ State:_____ Zip:_____

Daytime Contact # _____ Social Security #:_____-_____-_____

Date of Birth:_____/_____/_____ Birthplace:_____
Month Day Year *State*

Citizenship:_____ Height:_____ Weight:_____

Original TCN (if this is a reprint) _____

CIRCLE CODES THAT APPLY

SEX	**HAIR COLOR**	**EYE COLOR**
Male . . . . . .M	Bald . . . . . BAL	Black . . . . . BLK
Female. . . . . F	Black . . . . . .BLK	Blue . . . . . BLU
	Blond/Strawberry . . . . BLN	Brown . . . . . BRO
RACE	Brown . . . . . BRO	Gray . . . . . GRY
White . . . . . W	Gray/Part Gray . . . . . GRY	Green . . . . . GRN
Black . . . . . B	Red/Auburn . . . . . RED	Hazel . . . . . HAZ
Unknown . . . . . .U	Sandy . . . . . SDY	Pink . . . . . PNK
	White . . . . . WHI	

Go to www.L1enrollment.com or call 1-866-254-2366 to schedule fingerprinting appointments. Use requesting agency information below to ensure correct processing and fees.

Please bring your valid SC Driver's License to your fingerprint appointment.
If you do not have a valid SC Driver's License, you will need two forms of other State or Federal issued ID; one of which will need to be a photo ID.

Requesting Agency Information

(This information must be provided by your REQUESTING AGENCY.)

ORI: SC9200702 Facility ID/OCA: CP000238

Facility Name: SC Department of Social Services

Reason Finger Printed: DSS / Foster Care / Adoptive Parents