

Fingerprint Form

City of Madison, Wisconsin

Date: _____

To: Noble Wray, Chief of Police

Subject: (Secondhand Dealer) (Solicitor) (Trucker/Peddler) (Transient Merchant) (Auto/Junk/Salvage Dealer)
(Auto Storage Lot) (Junk Dealer) (Parking Enforcer)

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- Notes:**
1. Proper picture identification is required (State driver's license, State I.D., Federal I.D. or green card).
 2. Fingerprint cards received via mail must include a photocopy of picture identification.
 3. Attach fingerprint cards to this form.
 4. Out-of-country applicants must provide work permit.
 5. Report to Room GR-22 of the City-County Building, Monday through Friday, between 8:00 a.m. and 3:00 p.m.; there is no fingerprinting on Tuesdays.
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Form of Identification: _____
(For Madison Police Department Use)

Name: _____
Last First Middle

Home Address: _____
Street City State Zip Code

Previous Residence(s)
for past 5 years: _____
Street City State Zip Code

Place of Employment: _____

Business Address: _____
Street City State Zip Code

Business Phone No.: _____

Place of Birth: _____ Date of Birth: _____ Age: _____

Sex: _____ Race: _____ Height: _____ Weight: _____ Eyes: _____ Hair: _____ Glasses: _____

TO BE FILLED OUT BY THE MADISON POLICE DEPARTMENT

A check of the files of this Department and those of the Wisconsin State Crime Bureau reveals the following information on the above subject:

- Subject has no Criminal Arrest Record with either the Wisconsin State Crime Bureau or the Madison Police Department.
 Files indicate that subject has a Criminal Arrest Record (see attached):

NOBLE WRAY, CHIEF OF POLICE
Respectfully,

Administrative Services Bureau

Authorized Signature