

# 1 SURE SCAN

LIVESCAN ELECTRONIC FINGERPRINTING

## FINGERPRINTING APPLICANT INFORMATION

**VECHS# (V) or (E) 48040066**

Reason for Fingerprinting: **VECHS**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN # \_\_\_\_\_  
(YYYYMMDD) (Required by DCF & AHCA)

Email: \_\_\_\_\_ @ \_\_\_\_\_

Cell Phone Number \_\_\_\_\_

Place of Birth (state or country): \_\_\_\_\_

Residence Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Race: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Gender: Male \_\_\_ Female \_\_\_ Other \_\_\_

I \_\_\_\_\_ affirm that the above information pertains to me,  
(Please print name) is my personal information, and is true and correct to the best of my knowledge. I understand that any errors or omissions may result in additional fees from FDLE if resubmission is required.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Company Name: Lake Eola Charter School

Company Address: 135 North Magnolia Avenue Orlando FL 32801

Bring this paper and payment \$60 for (V) or \$70 for (E) to 1516 E. Colonial Drive suite 201 Orlando FL 32803. Office hours **Monday thru Friday 9.00am-3.00pm**, Walk-ins are welcome! **After 3.00pm-4.30pm appointment only**. Contact us at 407 982 2077

\*\*\*Fingerprinting results are processed within 48-72hrs from submission date \*\*\*