



Missouri State Highway Patrol Applicant Fingerprint Services of Missouri

This Document is your Applicant Fingerprint Form for State and National Criminal History Background Checks.

Section One: Agency Information

Agency ORI: _____ OCA Number: _____

Agency Name: _____ Mailing Address _____

City _____ State _____ Zip _____ FBI TCN _____
(if resubmission of rejected fingerprint)

Section Two: Applicant Information

Applicant Last Name _____ First Name _____ Middle Name _____
(Please Print Name)

Social Security Number _____ Date of Birth _____ Sex: Male Female

Race: _____ Height _____ Weight _____ Hair Color _____ Eye Color _____
(White, Black, Asian, American Indian) (Feet/Inches)

Place of Birth _____ Citizenship _____
(State or Country) (Country)

DL / ID No. _____ State Issuing DL / ID No. _____

Home Street Address _____

City _____ State _____ Zip _____

Section Three: Service Center Information On-Line Registration

When utilizing MOAPS fingerprinting services through L-1 Enrollment Services, you must schedule a fingerprint appointment online by visiting www.L1id.com or by calling 1-866-522-7067. You may pay for fingerprint services with a credit card or onsite with a check or money order only. Your fingerprints will be submitted to the Missouri State Highway Patrol (MSHP) and the Federal Bureau of Investigation (FBI), if applicable, with results delivered to the authorized agency within 5 to 10 business days.

1. Logon to www.L1id.com and select Missouri.
2. Enter your name (first and last name).
3. Enter _____ when prompted for Agency Number or ORI.
4. Enter _____ when prompted for OCA Number.
5. Follow the prompts to enter your personal information and select service location, date and time.
6. **Bring this completed form with you to your appointment.**

Section Four: Service Center Information (To be Completed by Fingerprint Technician)

Date Prints Taken _____ Amount Charged For Service _____

Paid by (enter payment form): Check Money Order Visa MasterCard Billing Acct. _____

Applicant TCN/OCN _____

I have compared the government-issued identification presented by the applicant and attest that to my best determination, I have fingerprinted the same person.

Printed Name of Fingerprint Technician _____

Signature of Fingerprint Technician _____

APPLICANT – THIS FORM IS YOUR RECEIPT FOR SERVICES – RETAIN FOR YOUR RECORDS.