

IF APPLICANT IS A FIRM OR PARTNERSHIP, THE APPLICATION MUST BE SIGNED AND VERIFIED BY EACH INDIVIDUAL COMPOSING OR INTENDING TO COMPOSE SUCH FIRM OR PARTNERSHIP.

NAME	TITLE	NAME	TITLE
NAME	TITLE	NAME	TITLE

IF THE APPLICANT IS A CORPORATION, THE FOLLOWING INFORMATION IS NECESSARY:

SIGNATURE OF PRESIDENT _____
SIGNATURE OF SECRETARY _____
SIGNATURE OF TREASURER _____
NAME OF CORPORATION _____ DATE AND PLACE OF INCORPORATION _____
LOCATION OF PRINCIPAL PLACE OF BUSINESS _____
STREET CITY COUNTY STATE

1. RIGHT THUMB	2. RIGHT FOREFINGER	3. RIGHT MIDDLE FINGER	4. RIGHT RING FINGER	5. RIGHT LITTLE FINGER
6. LEFT THUMB	7. LEFT FOREFINGER	8. LEFT MIDDLE FINGER	9. LEFT RING FINGER	10. LEFT LITTLE FINGER

PLAIN IMPRESSIONS TAKEN SIMULTANEOUSLY

LEFT FOUR FINGERS	THUMBS TAKEN TOGETHER	RIGHT FOUR FINGERS

IMPRESSIONS

TAKEN BY: NAME RANK SHIELD DATE

APPLICANT'S SIGNATURE AND ADDRESS:

INVESTIGATION REPORT – ALL INFORMATION PROVIDED BY THIS APPLICANT HAS BEEN VERIFIED:

NAME RANK ORGANIZATION

THIS APPLICATION IS APPROVED – DISAPPROVED (STRIKE OUT ONE)

TITLE AND SIGNATURE OF LICENSING OFFICER

SIGNATURE OF INVESTIGATING OFFICER
DUPLICATE OF THIS APPLICATION MUST BE FILED WITH THE SUPERINTENDENT OF STATE POLICE WITHIN TEN DAYS OF DATE OF ISSUANCE AS REQUIRED BY SECTION 400.00, SUBDIVISION 5, PENAL LAW.