



Card Processing Center Orlando Office

SAFESky
10524 Moss Park Rd. Ste 204
PMB #756
Orlando, Florida 32832

SECTION 1. CLIENT REGISTRATION FORM

Last Name:		First Name		Middle:	Citizenship:
Date of Birth	Race:	Sex:	Height:	Weight:	Color of eyes:
Color of Hair:	Phone:	Address:			
Place of Birth:		City:	State:	Zip Code:	

Thank you for selecting Accurate Fingerprinting. The information you provide on this form is for the sole purpose of verifying your identity and accurately provide the services you require. Valid government identification required for all services. Payment is due at the time of service. Additional information can be found on our website under FAQ. Accurate Fingerprinting will provide the professional fingerprinting services requested according to the rules and regulations of the appropriate Federal, State or County requesting the fingerprints. Client (the undersigned) hereby releases and forever discharges Accurate Fingerprinting, and its employees harmless from any and all claims, demands, judgments and legal fees arising out of or in connection with the results or any lawful use of the results. Furthermore, the client acknowledges responsibility for submitting 2 (two) fingerprint cards to the requesting agency. In the event the agency requests the client to be re-printed, Accurate Fingerprinting will provide (or notify out of state clients) to provide 2 additional fingerprint cards. Service fees are non refundable. Upon signing of the fingerprint card, client acknowledges that all the information printed on the fingerprint card is correct

Client Acceptance: _____ Date: _____ ORI for fingerprints: _____

Email: _____ OCA#: _____ License Applying for: _____

SECTION 2. CUSTODY AND CONTROL FORM

	Type of Identification presented:	Expiration Date:	Number:

INSTRUCTIONS FOR COLLECTING FINGERPRINTS

LAW ENFORCEMENT OFFICER OR FINGERPRINT COLLECTOR:

Please verify the individual's identity using a form of Photo Identification, which must be a government photo issued ID (For example: Driver's license, Passport, State issued ID).

- Have the individual sign 2 fingerprint cards and the client registration form in your presence.
- Fill in section 2 of the Custody and Control Form and sign it.
- Take the fingerprints of the individual.
- Put the fingerprint cards and paperwork in the overnight envelope supplied by the individual (Fedex or UPS recommended) and stamp or seal the envelope. You may return the sealed envelope to the Client.

Name of official taking prints: _____ **Client, send your prints to :**

Contact Number: _____

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Form of Payment: <input type="checkbox"/> Check enclosed, payable to Accurate Fingerprinting. <input type="checkbox"/> Paid Online by Credit card, enclose receipt
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Ship to us using a Tracking Method Only - FedEx, UPS or USPS Priority Mail. Stamped letters can get lost or delayed.