



**GEORGIA DEPARTMENT OF BANKING AND FINANCE**  
**2990 Brandywine Road, Suite 200**  
**Atlanta, Georgia 30341-5565**  
**770-986-1633**

**INSTRUCTIONS FOR COMPLETING FINGERPRINT CARDS**

**TWO COMPLETE SETS OF FINGERPRINTS ARE REQUIRED (2 CARDS)**  
**Both cards must be completed & returned to the Department.**

Please provide all information requested. **Type or print in BLACK:**

- Sign the cards
- Provide address of person being fingerprinted.
- Date of fingerprinting.
- Signature/Authorization *of law enforcement personnel* performing fingerprinting.
- Name and address of employer.
- Reason for fingerprint (if not pre-stamped):

**O.C.G.A. 7-1-702**

**Check Casher License**

- Enter name of person being fingerprinted and any **aliases**.
- Enter citizenship information.
- Enter Armed Forces Number and/or **Social Security Number**.
- **ORI** information is preprinted on the card.
- Enter date of birth.
- Fill in blanks for sex, race, height, weight, color of eyes, color of hair, and place of birth.
- Enclose **SEPARATE Money Order or Certified Check** made payable to:

**Georgia Department of Banking and Finance**

**Amount - \$40.00 per set of fingerprints (2 cards in a set)**

**Determine the following to ensure that cards are acceptable by both GBI and FBI:**

- **Prints are not too light or too dark;**
- **Prints are not smudged;**
- **Each print MUST be INSIDE the blue box for that print and not touch or cross the blue box lines.**

**TAKE CARDS IN  
BLANK TO  
POLICE  
DEPARTMENT  
AND COMPLETE  
IDENTIFIER  
INFORMATION  
THERE**

**TO OBTAIN FINGERPRINT CARDS**

Cards are obtained by contacting the Department. Requests can be faxed or e-mailed to the Department.

**Fax request to:** (770) 986-1655

**E-Mail request to:** [nelson@dbf.state.ga.us](mailto:nelson@dbf.state.ga.us)

# GEORGIA DEPARTMENT OF BANKING AND FINANCE



## FINGERPRINT CARD REQUEST FORM

Page \_\_\_\_\_ of \_\_\_\_\_

Name & Address of Licensee/Applicant	
<b>Name of Applicant</b>	
<b>Address</b>	
<b>Address</b>	
<b>City, State, Zip</b>	
<b>Phone Number</b>	
<b>Type of License</b>	<input checked="" type="checkbox"/> Check Casher
Names of Individuals Requiring Cards	
<b>Full Name:</b>	
<b>Full Name:</b>	
<b>Full Name:</b>	
<b>Full Name:</b>	
<b>Full Name:</b>	
<b>Full Name:</b>	
Delivery Address for Cards	
<b>Contact Person</b>	
<b>Address 1</b>	
<b>Address 2</b>	
<b>City, State, Zip</b>	
<b>Contact Phone Number</b>	
<b>SIGNATURE</b>	

- If additional space is required to include all individuals, please duplicate this form and note the number of pages being submitted on the top of the form.

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