



OUT OF STATE FLORIDA LICENSING APPLICANT

Please **print** all information clearly and legibly. Send this completed form to All Clear Employee Screening with your payment, the legible copy of your government issued photo I.D., and your completed Fingerprint Card.

Last name _____ First name _____

Mailing Address _____

(Street Name and Number) (City) (State) (Zip Code)

Telephone _____ E-mail Address _____

Date of Birth _____ (Year / Month / Day)

Place of Birth _____ Country of Citizenship _____

(Which US State or Foreign Country)

Gender _____ Race _____ (FBI choices for race are: Asian, American Indian/Alaska native, Black, White, or Unknown)

Height _____ Weight _____

Eye Color _____ Hair Color _____

Social Security Number _____

ORI # _____ (Required)

By signing below I agree that I have verified the information above and that it is correct. I further agree that if at some future point resubmittal of my fingerprints is necessary due to an error in the information I have verified, All Clear Employee Screening will not resubmit my fingerprints without payment for the resubmittal. I also understand that since All Clear Employee Screening is unable to take my photograph, which results in my background screening results not being placed in the AHCA or DOH Clearinghouse, this may require me to have additional fingerprinting in the future.

Signature _____ Date _____