APPLICANT

LEAVE BLANK

TYPE OR PRINT ALL INFORMATION IN BLACK

LAST NAME NAM: DOE

FIRST NAME: JOHN

MIDDLE NAME: WILLIAM

FBI

LEAVE BLANK

SIGNATURE OF PERSON FINGERPRINTED: *John William Doe*

ALIASES AKA: Doe, John Bill

ORI: OROSBI000 SPOL SALEM, OR

RESIDENCE OF PERSON FINGERPRINTED: 333 N Vancouver Ave Apt 777, Portland, OR 97206

DATE OF BIRTH DOB (Month Day Year): 01/01/1911

CITIZENSHIP CTZ

SEX	RACE	HGT.	WGT.	EYES	HAIR	PLACE OF BIRTH POB
M	W	5'7"	160	GRY	BRO	Oregon

DATE: 7/7/08

SIGNATURE OF OFFICIAL TAKING FINGERPRINTS: *Jack Bauer*

YOUR NO. OCA: BME

LEAVE BLANK

EMPLOYER AND ADDRESS: Oregon Medical Board, 1500 SW 1st Ave Ste 620, Portland, OR 97201

FBI NO. FBI

CLASS

ARMED FORCES NO. MNU

REF.

SOCIAL SECURITY NO. SOC: 111-22-3333

REASON FINGERPRINTED: ORS 677.265 (9)

MISCELLANEOUS NO. MNU

1. R. THUMB	2. R. INDEX	3. R. MIDDLE	4. R. RING	5. R. LITTLE
6. L. THUMB	7. L. INDEX	8. L. MIDDLE	9. L. RING	10. L. LITTLE

LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY | L. THUMB | R. THUMB | RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY