



Acknowledgement

I authorize Safran MorphoTrust USA to conduct a fingerprint based criminal history record check of me.

I understand that the electronic results of this fingerprint check will be received by Safran MorphoTrust USA and forwarded to the agency responsible for determining my suitability for the position for which I have applied.

I further understand that Safran MorphoTrust USA will not maintain a copy of my record and that Safran MorphoTrust USA meets all confidentiality and security requirements for handling and dissemination of state and federal criminal record information.

By: _____ Date: _____

Texas Registration

All items below are required to be complete.

First Name: _____ **Last Name:** _____ **Middle Name:** _____

Suffix: _____ **Alias:** _____

Street Address: _____ **Apt Number:** _____

City: _____ **State:** _____ **Zip Code:** _____

Home Phone: _____ **Cell Phone:** _____

Email Address: _____

Date of Birth: _____

Gender: ☐ Male ☐ Female

Height: _____

Weight: _____

Race: ☐ American Indian ☐ Asian ☐ Black ☐ Hispanic ☐ White ☐ Other

Hair Color: ☐ Bald ☐ Black ☐ Blonde ☐ Brown ☐ Gray ☐ Red ☐ Sandy ☐ White ☐ Unknown

Place of Birth (STATE): _____ **Eye Color:** ☐ Black ☐ Blue ☐ Brown

Citizen Country: _____ ☐ Green ☐ Gray ☐ Hazel ☐ Maroon ☐ Multi Color ☐ Pink ☐ Unknown

Driver License or State ID Number: _____

Issuing State of Driver License or State ID: _____