GWINNETT COUNTY POLICE DEPARTMENT

Fingerprinting Request
Criminal Justice (35-8-8)

Police Officer Applicant (Code Z) ☐ **Communications Officer Applicant (Code Z)** ☐

Other Criminal Justice Applicants/Volunteers/Contractors (Code J) ☐

Non-Criminal Justice Volunteers/Contractors (Code C) ☐

Gwinnett County, Georgia – GA0670200 OCA/ARN: _____

Name: _____
First Middle Last

Social Security No.: _____ INS Alien/Admission No.: _____

Date of Birth: _____ Sex: ☐ M ☐ F Race: _____

Eye Color: _____ Weight: _____ Hair Color: _____ Height: _____

Place of Birth: _____
City State Country

Residence/Street Address: _____
Street Address

_____
City State Zip County

Phone Numbers: Home: _____ Work _____ Mobile: _____

Signature: _____ Date: _____

Two fingerprint cards should be printed and returned to the Backgrounds Unit along with the response. One will be sent to Georgia P.O.S.T. Council and the second will be maintained in the applicant's file for identification purposes.