MIKE CHANEY
Commissioner of Insurance

CONNIE DOLAN
State Chief Deputy Fire Marshal

660 North St.
Suite 100 B
Jackson, MS 39202
P.O. Box 79
Jackson, MS 39205

STATE OF MISSISSIPPI
Mississippi Insurance Department
www.mid.ms.gov

MS ELECTRONIC PROTECTION SYSTEMS FINGERPRINT REQUEST

Fingerprint Fee: $50.00

Name of Requestor: _____
(Print full name) LAST FIRST MIDDLE

Name of Company Employed by: _____

Date of Birth _____ Social Security Number _____-_____-_____

Color of eyes:_____ Color of Hair: _____ Height: _____ Weight: _____

Provide documentation for photo ID

Proof of Photo Identification:

- State Driver's License ☐
- State Identification Card ☐
- Military Identification ☐
- United States Passport ☐

Resident address:

_____

_____

_____

Telephone Number: _____

Date _____ Signature of requestor _____

Print Clear

Rev. 06/2014