Identity Verification for CJIS Compliance

Non-HPD Personnel

Houston Police Department CJIS Compliance Unit

CJISID: _____

The Company you work for: _____

Company Supervisor Name & Contact Phone: _____

First:_____ Middle:_____ Last Name: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip Code: _____

Race: _____ Sex: _____ Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

Date of Birth: _____ Place of Birth: _____

DL/ID Number: _____ ID State: _____ Social Security No.:_____

Email:_____

I certify that all of the information provided above is true and false information may lead to Criminal prosecution or Civil action.

Signature: _____ Date: _____

SECTION BELOW COMPLETED BY A LAW ENFORCEMENT AGENCY ONLY

On this date, the above individual appeared before me to have their fingerprints taken for the Houston Police Department's CJIS Compliance Application Process.

Name & Title of Official Taking Fingerprints: _____

Law Enforcement Agency: _____

Address & Phone Number of Agency: _____

Signature: _____ Date: _____

CCU@houstonpolice.org

(Attach to Fingerprint Card)