



Houston Police Department

Identification Division

1002 Washington Ave

Houston, Texas 77002



Identity Verification Form for CJIS Compliance

Vendor/Employer: _____ IT RELATED

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.: _____

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

Signature: _____ Date: _____

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: _____