



*Investigations and
Enforcement Bureau*

Fingerprint Information: (Please Print Clearly)

Name:
Last: _____ First: _____ Middle: _____

Other Names Used: _____

Eyes: _____

Hair: _____ Telephone Number: () _____ - _____

Height: _____

Weight: _____

Sex: _____

Race: _____

Place of Birth: State _____ or Country _____

Citizenship: _____

Date of Birth – Year: ____-____-____ Month: ____ Day: ____

Social Security #: _____

Tattoos/Scars/Marks: _____

Address: (number, street, city/town, state, zip code)

Work: (related to your Gaming License)

Position/Title: _____

Employer: _____

Address: _____



Massachusetts Gaming Commission

Section 2: To Be Completed by the Individual Being Fingerprinted:

Certification:

- I. I attest that the document(s) I have presented to the person taking my fingerprints for the purpose of establishing my identity are genuine and have not been falsified in any way.
- II. I recognize that falsifying my identity may constitute a crime under Massachusetts law and may constitute grounds for denial of my license, registration or qualification by the Massachusetts Gaming Commission.
- III. I consent to the collection of my fingerprints as part of the background application process under Massachusetts General Laws Chapter 23K.
- IV. I acknowledge and understand that my fingerprints will be searched against the fingerprint database of the Federal Bureau of Investigation and the Massachusetts State Police.
- V. I have been notified of the procedures to challenge the accuracy or completeness of the record, which are set forth in Title 28 CFR 16.34. A copy of these procedures can be downloaded from FBI.gov and the DCJIS website at mass.gov/cjis.

28 CFR 16.34 – Procedure to obtain change, correction or updating of identification records.

If, after reviewing his/her identification record, the subject thereof believes that it is incorrect or incomplete in any respect and wishes changes, corrections or updating of the alleged deficiency, he/she should make application directly to the agency which contributed the questioned information. The subject of a record may also direct his/her challenge as to the accuracy or completeness of any entry on his/her record to the FBI, Criminal Justice Information Services (CJIS) Division, ATTN: SCU, Mod. D-2, 1000 Custer Hollow Road, Clarksburg, WV 26306. The FBI will then forward the challenge to the agency which submitted the data requesting that agency to verify or correct the challenged entry. Upon the receipt of an official communication directly from the agency which contributed the original information, the FBI CJIS Division will make any changes necessary in accordance with the information supplied by that agency.

Signature _____ Date _____



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Identity Confirmation Form

This form must be signed by both the individual being fingerprinted and by the law enforcement officer who is taking the individual's fingerprints.

Section 1: To be Completed by the Law Enforcement Official:

Full Name of Individual Being Fingerprinted:

The individual has presented the following valid form(s) of identification:

ONE of the following:

U. S. Passport Number _____ Expiration Date _____

Certificate of Naturalization Number _____
Date of Issue _____

Permanent Resident Card Number _____
Expiration Date _____

Foreign Passport or Immigrant Visa w/I55 Notation
Country of Issue _____ Number _____
Expiration Date _____

Employment Authorization Document
Expiration Date _____



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OR:

___ Original or Certified Copy of Birth Certificate
Issuing Authority _____

AND ONE OF THE FOLLOWING:

___ Driver's License Number _____ Issuing State _____
Expiration Date _____

___ Government Issued Identification Card
Issuing Agency _____

___ U. S. Armed Forces Identification Card Expiration Date _____

___ Military Dependent's Identification Card Expiration Date _____

___ Student Identification Card Expiration Date _____

Certification: I attest that I have examined the document(s) presented by the above named individual and that the above listed document(s) appear to be genuine.

Signature of Person Taking Fingerprints: _____ Date _____

Printed Name: _____

Law Enforcement Agency _____

Title/Position: _____



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