FAST
Fingerprint Applicant Services of Texas

COMMITTEE OF EXAMINERS IN THE FITTING & DISPENSING OF HEARING INSTRUMENTS

Fingerprint Card Scan Authorization Form

Please print legibly and complete all fields in Section 2 (Applicant Information). Your fingerprint cards must include the following personal data: Date of Birth, Sex, Race, Height, Weight, Eye Color, Hair Color, Place of Birth, Home Address, and Social Security Number. Requested data is required by the Texas Department of Public Safety and the Texas Department of Insurance to process your background check.

Mail this form, along with your completed fingerprint card and a check or money order payable to L-1 Enrollment Services for $44.20 to:

L-1 Enrollment Services
1650 Wabash Avenue, Suite D
Springfield, IL 62704

Section One: Qualified Entity Information

Agency ORI: **TX923611Z**

Agency Name: **Committee of Examiners in the Fitting & Dispensing of Hearing Instruments**

Original TCN _____
(if resubmission for rejected prints)

Section Two: Applicant Information (To be completed by Applicant) – Please Print Legibly

Applicant Last Name _____ First Name _____ Middle Name _____
(please print)

Sex ☐ Male ☐ Female Race _____ (W, B, A, I, O) Ethnicity _____ (Hispanic or Non-Hispanic) Skin Tone _____

Date of Birth _____ Height _____ (feet and inches) Weight _____ Hair Color _____ Eye Color _____

Place of Birth _____
(state or country)

Home Address _____
Street Address City State Zip

Section Three: Waiver Information (To be signed by applicant)

I certify that all information I provided in relation to this criminal history record check is true and accurate. I authorize the Texas Department of Public Safety (DPS) to access Texas and Federal criminal history record information that pertains to me and disseminate that information to the designated Authorized Agency or Qualified Entity with which I am or am seeking to be employed or to serve as a volunteer, through the DPS Fingerprint-based Applicant Clearinghouse of Texas and as authorized by Texas Government Code Chapter 411 and any other applicable state or federal statute or policy.
I authorize the Texas Department of Public Safety to submit my fingerprints and other application information to the FBI for the purpose of comparing the submitted information to available records in order to identify other information that may be pertinent to the application. I authorize the FBI to disclose potentially pertinent information to the DPS during the processing of this application and for as long hereafter as may be relevant to the activity for which this application is being submitted. I understand that the FBI may also retain my fingerprints and other applicant information in the FBI's permanent collection of fingerprints and related information, where all such data will be subject to comparisons against other submissions received by the FBI and to further disseminations by the FBI as may be authorized under the Federal Privacy Act (5USC 552a(b)). I understand I am entitled to obtain a copy of any criminal history record check and challenge the accuracy and completeness of the information before a final determination is made by the Qualified Entity. I also understand the Qualified Entity may deny me access to children, the elderly, or individuals with disabilities until the criminal history record check is completed.

Signature _____ Date _____