

CERTIFICATION OF POSITIVE IDENTIFICATION FOR FINGERPRINTING

THIS FORM IS TO BE COMPLETED BY THE PERSON TAKING THE FINGERPRINTS

INSTRUCTIONS:

This form is a required document to the application.

The document used to verify identification for fingerprints must be a government issued document (i.e. driver's license, military identification card).

Mail this completed form along with one (single) fingerprint card and \$54.25 associated fee made payable to Department of Health & Social Services to:

**State of Alaska/Dept of H&SS
Division of Public Health
Background Check Unit
619 E. Ship Creek Ave., Ste. 232
Anchorage, AK 99501**

Name of Agency/Facility Fingerprints are Being Taken For

Type of Identification Used

Identification Number

State of Issue

I certify I have verified at least one form of government issued picture identification and have positively identified:

_____ as the person being fingerprinted.

(print applicant's name)

Signature of Fingerprinter

Printed Name

Date