

EQIP AND FINGERPRINT REQUEST
(PLEASE TYPE INFORMATION)

FULL NAME:

FIRST MIDDLE LAST

SUFFIX

SSN:

SEX

☐ M

☐ F

UNDERLINE:

PRIOR MILITARY?

☐ Y

☐ N

PRIOR FEDERAL EMPLOYEE?

☐ Y

☐ N

DATE OF BIRTH

(YYYYMONDD):

PLACE OF BIRTH (SELF):

CITY, STATE

COUNTRY OF CITIZENSHIP

PLACE OF BIRTH (MOTHER):

CITY, STATE

COUNTRY OF CITIZENSHIP

PLACE OF BIRTH (FATHER):

CITY, STATE

COUNTRY OF CITIZENSHIP

EMAIL:

POSITION TITLE:

FACILITY:

RACE: (PLEASE CHECK THE MOST APPLICABLE)

☐ WHITE

☐ ASIAN

☐ BLACK

☐ AMERICAN INDIAN

☐ OTHER

EYE COLOR: (PLEASE CHECK THE MOST APPLICABLE)

☐ BLACK

☐ BROWN

☐ HAZEL

☐ BLUE

☐ GRAY

☐ GREEN

☐ OTHER

HAIR COLOR: (PLEASE CHECK THE MOST APPLICABLE)

☐ BROWN

☐ BLACK

☐ ORANGE

☐ GRAY

☐ RED

☐ SANDY

☐ WHITE

☐ BALD

☐ BLONDE

☐ OTHER

HEIGHT: (IN FEET)

WEIGHT: (IN POUNDS)

OTHER NAMES USED (IF APPLICABLE)

PHYSICAL ADDRESS (NO APO ADDRESSES) STREET, CITY, ZIP

PHONE NUMBER