



Investigations & Enforcement Bureau

Fingerprint Information:

Name

Last: _____ First: _____ Middle: _____

Other Names Used: _____

Eyes: _____

Hair: _____

Height: _____

Weight: _____

Sex: _____

Race: _____

Place of Birth

State: _____ Country: _____

Citizenship: _____

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

Social Security #: _____

Address: _____
NUMBER and STREET CITY or TOWN STATE ZIP CODE

Please List All Tattoos/Scars/Marks: _____

What is the name of the Gaming Company that you work for and what is your position:

Employer: _____

Address: _____

Position/Title: _____



Massachusetts Gaming Commission



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Identity Confirmation Form

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

Section 1: Pages 1 & 2 to be completed by the Law Enforcement Official or Authorized Fingerprint Agent:

On the line below, list the Full Name of the Individual being Fingerprinted:

(i.e. First Name, Middle Initial, Last Name)

Please check the box that coincides with the valid form(s) of identification presented to you by the individual being fingerprinted:

ONE of the following:

U.S. Passport Number _____ Expiration Date _____

REAL ID Driver's License Number _____

Issuing State _____ Expiration Date _____

Certificate of Naturalization Number _____

Date of Issuance _____

Permanent Resident Card Number _____

Expiration Date _____

Foreign Passport or Immigrant Visa w/155 Notation

Country of Issuance _____ 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:

Standard 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 documents(s) presented by the above named individual and that the above listed document(s) appear to be genuine.

Name of Law Enforcement Agency: _____

Signature of Person Taking Fingerprints: _____

Print Name: _____ Date: _____

OR

Name of Authorized Fingerprint Agency: _____

Signature of Person Taking Fingerprints: _____

Print Name: _____ Date: _____

Title / Position: _____



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Section 2: This Page 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 disqualification by the Massachusetts Gaming Commission.
- III. I consent to the collection of my fingerprints as part of the background application process under Massachusetts General Law 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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