



State of Rhode Island and Providence Plantations

DEPARTMENT OF ATTORNEY GENERAL

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Patrick C. Lynch, Attorney General

**Certification of Fingerprints
Taken by Other Agencies**

Date

I hereby certify that the attached fingerprints were taken by the following agency's authorized fingerprint technician. In addition, I also certify that I presented proper identification to the fingerprint technician at the time I was fingerprinted:

Applicant Name (please print)

Applicant Signature

Verification:

Technician Name (please print)

Technician Signature

Agency Name (department, bureau, division, etc.):

Rank or Title (if applicable): _____

Employee ID or Shield Number: _____

Direct Phone Number: () _____ - _____ Extension: _____

Address: _____

City: _____ State _____ Zip Code _____

Indicate the type of identification presented to the fingerprint technician (i.e. Driver's License, Passport, Birth Certificate, etc.)

ID Type

ID Number