SAN JOAQUIN COUNTY
SHERIFF
PATRICK WITHROW
SHERIFF • PUBLIC ADMINISTRATOR
ORI # CA0390000

NON-RESIDENT CCW FINGERPRINT IDENTIFICATION VERIFICATION FORM

INSTRUCTIONS FOR LICENSE APPLICANT:

1. Bring this Fingerprint Identity Verification Form to your fingerprinting appointment.
2. Order Number (issued with application): _____
3. Ensure your name on your fingerprint card is printed exactly as it appears on your ID.
4. Bring a valid government-issued photo ID to your fingerprinting appointment.
5. Bring an 8x10 manila envelope addressed to:

San Joaquin County Sheriff's Office
Professional Standards Division – CCW Unit
7000 Michael Canlis Blvd,
French Camp, CA 95231

Applicant Information (To be completed by the applicant)

Applicant Name (as it appears on ID):	
Date of Birth:	Social Security # (optional):
Reason Fingerprinted/Requesting Agency:	Date Fingerprinted:

INSTRUCTIONS FOR OFFICER / FINGERPRINTING TECHNICIAN:

- Examine applicant photo ID, then confirm ID type and photo ID # above.
- Complete ID information section.
- Technician Sign and date fingerprint card **AND Verification form** below
- Capture fingerprints.
- Seal fingerprints in envelope and sign the seal.
- Return envelope and completed Fingerprint Identity Verification Form to applicant to mail.

Fingerprint Technician Information (To be completed by technician)

Applicant Photo ID Checked (Select one): ☐ Driver License ☐ Passport/Passport Card ☐Military ID ☐ Other (specify):	Issuing State/Country: Expiration: Number:

By signing below, I certify that I personally examined the photo ID of the applicant, captured their fingerprints on the accompanying approved fingerprint card/form (e.g., FD-258).

Technician Name:	Title/Employee ID#:
Office Location:	Phone Number/Extension:
Technician Signature:	Date: