

# TIVERTON POLICE DEPARTMENT

Civil Fingerprint Application

Updated 08/2022



Last Name		First Name		Middle Name	
Home Address (Street, City, State, Zip)					
Date of Birth		Social Security		Place of Birth (State)	Citizenship
Sex <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Male Impersonator <input type="checkbox"/> Female Impersonator <input type="checkbox"/> Male Name No Gender Given <input type="checkbox"/> Female Name No Gender					
Race <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> American Indian <input type="checkbox"/> Unknown <input type="checkbox"/> White			Height		Weight
Eye Color <input type="checkbox"/> Black <input type="checkbox"/> Blue <input type="checkbox"/> Brown <input type="checkbox"/> Green <input type="checkbox"/> Gray <input type="checkbox"/> Hazel <input type="checkbox"/> Maroon <input type="checkbox"/> Multicolor <input type="checkbox"/> Pink <input type="checkbox"/> Unknown					
Hair Color <input type="checkbox"/> Bald <input type="checkbox"/> Black <input type="checkbox"/> Blonde <input type="checkbox"/> Blue <input type="checkbox"/> Brown <input type="checkbox"/> Green <input type="checkbox"/> Gray <input type="checkbox"/> Orange <input type="checkbox"/> Purple <input type="checkbox"/> Pink <input type="checkbox"/> Red <input type="checkbox"/> Sandy <input type="checkbox"/> White <input type="checkbox"/> Unknown					
Reason For Fingerprinting <input type="checkbox"/> Medical Marijuana Cultivator (21-28.6-16k (D)) <input type="checkbox"/> Medical Marijuana Caregiver (21-28.6-6 (D)) <input type="checkbox"/> License Massage Therapist (23-20 -8-3) <input type="checkbox"/> Mental Health Worker (40 1-25 1-3) <input type="checkbox"/> Child Care Worker (40-13 2-5) <input type="checkbox"/> DCYF Employee (40-13.25.2) <input type="checkbox"/> Firefighter Applicant (45-2-3.4) <input type="checkbox"/> School Department Employee (16-2-18 3-1) <input type="checkbox"/> Adoption (15-7-11) <input type="checkbox"/> Foster Parent (14-1-34)					
Name of Organization/Company Requesting Background Check					
Address (Street, City, State, Zip) of Organization/Company Requesting Background Check					
<b>APPLICANT MUST PRESENT A LETTER FROM ORGANIZATION/COMPANY REQUESTING BACKGROUND CHECK</b> It is the applicants' responsibility to provide the results to the organization/company requesting the background check. If disqualifying information is discovered, the Tiverton Police Department will contact the organization/company directly. The specifics of the disqualifying information will not be disclosed to the organization/company. Results may be picked up at the Tiverton Police Department Records Office if they are not available the same day. The Records Office hours are Monday through Friday, 7:00 am to 3:00 pm, excluding holidays. For further information regarding civil fingerprint procedures, please contact the Tiverton Police Department Senior Records Clerk at 401-625-6717 ext. 107.					
Applicant Signature					Date