



Fingerprinting Information

Applicant: *The following documents are required to be taken with you to the fingerprinting agency. Failure to provide any of these documents may result in refusal to have fingerprints taken.*

- Government issued photo ID
- Waiver and Privacy Statement and FP1020
- Fingerprinting Information document (this form) ** The Highlighted Section MUST BE COMPLETED PRIOR TO THE APPOINTMENT

Fingerprinting agency: *Please verify identity with government issued photo ID. Please fill out the LAST LINE (Date/Fingerprint Location/Fingerprints Taken By) on the FP-1020 Form. If needed, complete the "To Be Completed By the Fingerprinting Agency" portion of the Waiver and Privacy Statement found on page 3.*

Sponsoring Agency: *All forms need to be emailed to DCF.FPTopeka@ks.gov, faxed to 785-296-1729 or mailed to 555 S Kansas Ave Topeka KS 66603.*

IF YOU HAVE ANY QUESTIONS, PLEASE CALL THE OBI Unit 785-368-6314.

THIS AGENCY HAS BEEN APPROVED BY THE KBI. PLEASE SUBMIT COMPLETED FINGERPRINT SUBMISSION VIA LIVESCAN.

Fingerprint Card Type:

42 Civil – State and Federal Identification Fee

Reason Fingerprinted:

78 – KSA DCF EMPLOYEE - 75-53,105

Processing Fee Code:

Fee Billed to Agency

Originating or Agency Account Number (AAN):

- KS920090Z – DCF Employee
- 403KS0006 – DCF –Foster Care Licensing
- 403KS0006 – DCF- Provider Affiliate
- 402KS6399 – DCF – CSS
- 402KS6400 – DCF – Relative Placement
- 402KS6400 – DCF – Adoption
- 402KS6400 – DCF – Grant/ Unlicensed employment

