

**MIKE CHANEY**  
Commissioner of Insurance



660 North St.  
Suite 100 B  
Jackson, MS 39202  
P.O. Box 79  
Jackson, MS 39205

**RICKY DAVIS**  
State Chief Deputy Fire Marshal

**STATE OF MISSISSIPPI**  
Mississippi Insurance Department  
[www.mid.ms.gov](http://www.mid.ms.gov)

**MS ELECTRONIC PROTECTION SYSTEMS FINGERPRINT REQUEST**

Fingerprint Fee: \$50.00

Name of Requestor: \_\_\_\_\_  
(Print full name) LAST FIRST MIDDLE

Name of Company Employed by: \_\_\_\_\_

Date of Birth "\*\*\*\*\*" Social Security Number \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

Color of eyes: \_\_\_\_\_ Color of Hair: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

**Provide documentation for photo ID**

**Proof of Photo Identification:**

- State Driver's License
- State Identification Card
- Military Identification
- United States Passport

Resident address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Date \_\_\_\_\_ "\*\*\*\*\*"Signature of requestor \_\_\_\_\_