

MIKE CHANEY
Commissioner of Insurance

CONNIE DOLAN
State Chief Deputy Fire Marshal



239 North Lamar St.
Suite 103
Jackson, MS 39202
P.O. Box 79
Jackson, MS 39205

STATE OF MISSISSIPPI
Mississippi Insurance Department
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 _____