



# Missouri State Highway Patrol Applicant Fingerprint Services of Missouri

SHP-984B 01/09

*This Document is your Applicant Fingerprint Form for State and National Criminal History Background Checks.*

### Section One: Agency Information

Agency ORI: MOVECHS0Z OCA Number: V09200005  
Agency Name: Lindenwood University Mailing Address 209 S Kingshighway  
City St Charles State MO Zip 63301 FBI TCN \_\_\_\_\_  
(if resubmission of rejected fingerprint)

### Section Two: Applicant Information

Applicant Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_  
(Please Print Name)  
Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex:  Male  Female  
Race: \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Hair Color \_\_\_\_\_ Eye Color \_\_\_\_\_  
(White, Black, Asian, American Indian) (Feet/Inches)  
Place of Birth \_\_\_\_\_ Citizenship \_\_\_\_\_  
(State or Country) (Country)  
DL / ID No. \_\_\_\_\_ State Issuing DL / ID No. \_\_\_\_\_  
Home Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### Section Three: Service Center Information On-Line Registration

When utilizing MOAPS fingerprinting services through L-1 Enrollment Services, you must schedule a fingerprint appointment online by visiting [www.L1id.com](http://www.L1id.com) or by calling 1-866-522-7067. You may pay for fingerprint services with a credit card or onsite with a check or money order only. Your fingerprints will be submitted to the Missouri State Highway Patrol (MSHP) and the Federal Bureau of Investigation (FBI), if applicable, with results delivered to the authorized agency within 5 to 10 business days.

1. Logon to [www.L1id.com](http://www.L1id.com) and select Missouri.
2. Enter your name (first and last name).
3. Enter MOVECHS0Z when prompted for Agency Number or ORI.
4. Enter V09200005 when prompted for OCA Number.
5. Follow the prompts to enter your personal information and select service location, date and time.
6. **Bring this completed form with you to your appointment.**

### Section Four: Service Center Information (To be Completed by Fingerprint Technician)

Date Prints Taken \_\_\_\_\_ Amount Charged For Service \_\_\_\_\_  
Paid by (enter payment form):  Check  Money Order  Visa  MasterCard  Billing Acct. \_\_\_\_\_  
Applicant TCN/OCN \_\_\_\_\_  
 I have compared the government-issued identification presented by the applicant and attest that to my best determination, I have fingerprinted the same person.  
Printed Name of Fingerprint Technician \_\_\_\_\_  
Signature of Fingerprint Technician \_\_\_\_\_