



NORTH CAROLINA

STATE BUREAU OF INVESTIGATION



PAT MCCRORY GOVERNOR

3320 GARNER ROAD
P.O. BOX 29500
RALEIGH, NC 27626-0500
(919) 662-4500
FAX: (919) 662-4523

BOB SCHURMEIER DIRECTOR

ELECTRONIC FINGERPRINT SUBMISSION RELEASE OF INFORMATION

I authorize the North Carolina Department of Public Safety through the State Bureau of Investigation, Criminal Information and Identification Section, to perform a national criminal history record check in connection with my application for license with North Carolina Board of Chiropractic Examiners pursuant to N.C.G.S. §§ 114-19.22

I understand that the North Carolina State Bureau of Investigation, Criminal Information and Identification Section, the Federal Bureau of Investigation and its officials and employees shall not be held legally accountable in any way for providing this information to the above named agency, and I hereby release said agency and persons from any and all liability which may be incurred as a result of furnishing such information. I understand that the above named agency cannot provide a hard copy of the results of this criminal history record check to me.

(Applicant Section)

Applicant/Licensee's Signature Date

(Agency Section)

I authorize the above named subject to be fingerprinted and have the fingerprints submitted to the SBI electronically

Agency Authorized Official's Signature Date

Authorized Official's Printed Name

Agency Address Agency Phone Number

(Law Enforcement Agency Section)

I certify that I have taken the fingerprints of the above named subject and forwarded them electronically to the NC State Bureau of Investigation.

Signature of Official Taking Fingerprints Date

Agency Seal/Certification

If no official seal, please print your agency address

APPLICANT INFORMATION

Last Name: _____

Date of Birth: _____

First Name: _____

Place of Birth _____

Middle Name: _____

Residence: _____

Maiden Name: _____

Aliases: _____

Employer and Address:
NC Board of Chiropractic Examiners
363 Church Street North, Suite 250-R
Concord, NC 28025

Sex: Male _____ Female _____

Reason Fingerprinted:

Race: _____

(write the appropriate letter in the space provided)

W – White, B – Black, I – American Indian,
A – Asian or Pacific Islander, U - Unknown

Chiropractic License
NCGS 114-19.22 State and Federal

Social Security Number: _____
(*Optional)

Your Case No. (OCA): **CHIROP000**

Height: _____

Type of Transaction: **NFUF**
Non fed-User Fee

Weight: _____

NC FP Card Type: **OTH**

Eye Color: _____

(write the appropriate letters in the space provided)

BLK – Black GRY – Gray MAR – Maroon
BLU – Blue BRO – Brown GRN – Green
HAZ – Hazel PNK – Pink XXX – Unknown

Hair Color: _____

(write the appropriate letters in the space provided)

BAL – Bald BLK – Black BLN – Blonde or Strawberry
BRO – Brown GRY – Gray or partially
RED – Red or Auburn SDY - Sandy

*Disclosure of social security number is entirely voluntary and not required. If disclosed, the social security number will be utilized to assist with accurate identification/exclusion of possible criminal history records.