		•	~ _ .				
	l	Volunt	SCAN FII	nger	prin	TOTHERS")	
		SECTION	I - GARRISON INF	ORMATI	ON AND I	NSTRUCTIONS	
for th		voluntee	rs, short durat			AW CTO Tasking Number: s and "OTHERS" MUST h	
	ocument is intended to help you on the second second to be fingerprinted. To		0	0 1		expedient manner possible. You must p appointment for fingerprinting.	resent this form to the
		-					
	Driving directions:						
	HOURS OF OPERATION		PHONE NUMBER		ADDRESS		
	CDE OR SECURITY INFORMATION AT SPOKE LOCATION FOR FINGERPRINTING						
	GARRISON		NAME	PH	IONE	EMAIL ADDRESS	
			SECTION II - SUB	JECT'S IN	FORMAT	ION	

			1			
LAST NAME	FIRST NAME	MI				
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	SECTION III - FUNCTIONAL MANAGER OR REQUESTING OFFICIAL INFORMATION						
1	NAME	FUNCTIONAL AREA	PHONE	EMAIL ADDRESS			
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SECTION IV - REQUESTER INFORMATION						
DIGITAL SIGNATURE		sul Fin du	This Form can ONLY be used by Functional Managers when submitting a Background Request for Categories requiring LIVE SCAN Fingerprints IAW CTO Tasking Number: T19-037 (ie. volunteers, short duration contractors and "OTHERS")			
DATE		CATEGORIES********** ENT				
			FINGERPRINT	SOI/SON	IPAC	

SECTION V- CDE/SECURITY AGENCY USE ONLY (Return via email to Requestor)							
PRINTED NAME	SIGNATURE	DATE COMPLETED					