



State of Rhode Island and Providence Plantations

DEPARTMENT OF ATTORNEY GENERAL

150 South Main Street • Providence, RI 02903

(401) 274-4400

TDD (401) 453-0410

*Peter Kilmartin, Attorney General*

**Certification of Fingerprints  
Taken by Other Agencies**

\_\_\_\_\_  
Date

I hereby certify that the attached fingerprints were taken by the following agency's authorized fingerprint technician. In addition, I also certify that I presented proper identification to the fingerprint technician at the time I was fingerprinted:

\_\_\_\_\_  
Applicant Name (please print)

\_\_\_\_\_  
Applicant Signature

Verification:

\_\_\_\_\_  
Technician Name (please print)

\_\_\_\_\_  
Technician Signature

Agency Name (department, bureau, division, etc.):

\_\_\_\_\_  
Rank or Title (if applicable):

Employee ID or Shield Number: \_\_\_\_\_

Direct Phone Number: (    ) \_\_\_\_\_ Extension: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_ Zip Code \_\_\_\_\_

Indicate the type of identification presented to the fingerprint technician (i.e. Driver's License, Passport, Birth Certificate, etc.)

\_\_\_\_\_  
ID Type

\_\_\_\_\_  
ID Number