FINGERPRINT CLINIC APPLICATION FORM

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| NAME: | |  |
| ADDRESS: | Line 1: |  |
|  | Line 2: |  |
|  | Town/City: |  |
|  | County |  |
|  | Postcode: |  |
| CONTACT No: | |  |
| REASON FOR FINGERPRINTS:  E.g. Immigration, DBS, subject access | |  |
| e-mail address: | |  |
| Please complete if travelling by vehicle to the clinic: | | |
| Vehicle registration: | |  |
| Name(s) of all passengers: | |  |

When complete, please forward this form to [G-FingerprintsDept@lancashire.police.uk](mailto:G-FingerprintsDept@lancashire.police.uk) and you will be contacted by the Fingerprint Unit to book an appointment.

Please note – Fingerprint Clinics are held each Wednesday afternoon at the Police HQ at Hutton.