FINGERPRINT CLINIC APPLICATION FORM

|  |  |
| --- | --- |
| 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 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.