



**STATE OF ARIZONA**  
**DEPARTMENT OF PUBLIC SAFETY**  
Level One Fingerprint Clearance Card

**Name:**

**Birth Date:**

**Issue Date:**

**Sex**

**Weight**

**Height**

**Eyes**

**Hair**

**Card Number:**

**Expire Date:**

**Back**

THIS FINGERPRINT CLEARANCE CARD WAS ISSUED  
PURSUANT TO ARS 41-1758

DPS(ACCT) P.O. BOX 18390 Phoenix, AZ 85005