



ARIZONA DEPARTMENT OF PUBLIC SAFETY  
**REQUEST FOR REPLACEMENT  
 FINGERPRINT CLEARANCE CARD**

PROVIDE FINGERPRINT CLEARANCE CARD NUMBER (if known)		PROVIDE ORIGINAL APPLICATION NUMBER (if known)	
NAME (Last)		(First)	(Middle)
DATE OF BIRTH	SOCIAL SECURITY NUMBER		TELEPHONE NUMBER ( <input type="checkbox"/> Check if new)

**MAILING ADDRESS**  Check if new

STREET / P.O. BOX		APARTMENT/LOT NUMBER	
CITY		STATE	ZIP CODE

**REASON FOR REPLACEMENT:**

- Card was lost, stolen or damaged
- Original card never received
- Name has legally changed (***Must provide copy of government issued ID with new name and a copy of legal document such as marriage license, divorce decree or court document with request.***)

FORMER NAME ON CARD (Last)	(First)	(Middle)
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You can either:

- Mail this form, any required documentation, and a \$5.00 money order, cashier's check or check drawn on a business account made payable to DPS (DPS does not accept cash or personal checks) to the Applicant Clearance Card Team (ACCT)

The ACCT mailing address is: (by mail, please allow approximately 15 business days for DPS to complete your request.)

Arizona Department of Public Safety  
 Applicant Clearance Card Team  
 P.O. Box 18390  
 Phoenix, AZ 852005-8390

- Bring this form, any required documentation, and payment of \$5.00 in the form of money order, cashier's check, credit card or check drawn on a business account made payable to DPS (DPS does not accept cash or personal checks) to the DPS Public Service Center located at 2222 West Encanto Boulevard, Phoenix, Arizona 85009

If you have any questions, please call the Applicant Clearance Card Team at (602) 223-2279.