

ARIZONA DEPARTMENT OF PUBLIC SAFETY

REQUEST FOR REPLACEMENT FINGERPRINT CLEARANCE CARD

PROVIDE FINGERPRINT CLEARANCE CARD NUMBER (if known)			PROVIDE ORIC	ginal af	PPLICATION NUMBER (if known)
NAME (Last)		(First)			(Middle)
DATE OF BRITH	SOCIAL SECURITY NUMBER		-	TELEPHONE NUMBER (□ Check if new)	

MAILING ADDRESS Check if new

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

REASON FOR REPLACEMENT:

 \Box Card was lost, stolen or damaged

□ Original card never received

□ Name has legally changed (Must provide copy of government issued photo ID with new name or copy of legal document such as marriage license, divorce decree or court document with request.)

FORMER NAME ON CARD (Last)	(First)	(Middle)

You can either:

• Mail this form, any required documentation, and a <u>\$5.00 money order, cashier's check or</u> <u>check drawn on a business account made payable to DPS</u> (DPS does not accept cash or personal checks) to the Clearance Card Section (CCS) at:

> AZDPS Clearance Card Section P.O. Box 18390 Phoenix, AZ 85005

(by mail, please allow approximately 15 business days for DPS to complete your request)

Bring this form, any required documentation, and a <u>\$5.00 money order, cashier's check or check drawn on a business account made payable to DPS</u> (DPS does not accept cash or personal checks) to the DPS Public Service Center. <u>You can also pay with a credit card if you choose this method.</u> The Public Service Center is located at:

2222 West Encanto Boulevard Phoenix, Arizona 85009

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