



**FAST**

**Fingerprint Applicant Services of Texas**

- This document is your **FAST Fingerprint Pass** for a state and national criminal history record check.
- You must schedule a fingerprint appointment by visiting [www.L1enrollment.com](http://www.L1enrollment.com) or by calling 1-888-467-2080.
- You may pay for **FAST** services online with a credit card or onsite with a check or money order only.
- Your fingerprints will be submitted to the Texas Department of Public Safety/Federal Bureau of Investigation (TXDPS/FBI) with results delivered to the Texas Department of Insurance (TDI).
  1. Logon to [www.L1enrollment.com](http://www.L1enrollment.com) and select **Texas**
  2. Select: **Online Scheduling**
  3. Select Language option: **English or Espanol**
  4. Enter: **First and Last Name**
  5. Select: **All Others**
  6. Select: **Option A – Electronic Submission**
  7. Select: **Yes, I have a FAST Fingerprint Pass**
  8. Enter: [TX920540Z](#) **when prompted for ORI#**
  9. Follow the prompts to enter your personal information and select service location, date and time.
  10. Bring this completed form with you to your appointment.

**Section One: Agency Information**

Agency ORI: [TX920540Z](#)

Agency Name: **Texas Department of Insurance**

Original TCN: \_\_\_\_\_  
(If resubmission for rejected fingerprints)

RFP: Government Code 411.106

**Section Two: Applicant Information (To be completed by Applicant)**

Applicant Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_  
(please print)

Sex:  Male  Female Race: \_\_\_\_\_ Ethnicity: \_\_\_\_\_ Skin Tone: \_\_\_\_\_  
(W, B, A, I, O) (Hispanic or Non-Hispanic)

Date of Birth: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_  
(feet and inches)

Place of Birth: \_\_\_\_\_  
(State or Country)

Home Address: \_\_\_\_\_  
Street Address City State Zip

I certify the applicant information provided above is true and accurate. I authorize the Texas Department of Public Safety to access Texas and Federal criminal history record information that pertains to me and disseminate that information to the above designated Authorized Agency or Qualified Entity through the DPS Fingerprint-based Applicant Clearinghouse of Texas and as authorized by Texas Government Code Chapter 411 and any other applicable state or federal statute or policy.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Section 3: Service Center Information (To be completed by FAST Live Scan Operator)**

Date Prints Taken \_\_\_\_\_ Amount Charged For Service: \_\_\_\_\_

Paid by:  Check  Money Order  Visa  MasterCard  Billing Acct \_\_\_\_\_

TCN \_\_\_\_\_

I HAVE COMPARED THE GOVERNMENT-ISSUED IDENTIFICATION PRESENTED BY THE APPLICANT AND ATTEST THAT TO MY BEST DETERMINATION, I HAVE FINGERPRINTED THE SAME PERSON.

Printed Name of LSO: \_\_\_\_\_

Signature of LSO: \_\_\_\_\_