

Background Screening Renewal Form

*****Only complete this form if you have previously completed a Livescan Fingerprinting - Background Screening with the Pembroke Pines Police Department.***** If you have not previously been scanned you must fill out a

different form. Once resubmitted you will receive your new TCN number by email, please print clearly below. You must then go online, <https://caps.fdle.state.fl.us>, and complete the process by submitting your TCN and Payment.

LAST NAME: Last Name All CAPS																				

FIRST NAME: First Name All CAPS																				
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MIDDLE NAME or MIDDLE INITIAL: All CAPS																				
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ONLY COMPLETE THIS FORM IF YOU HAVE PREVIOUSLY HAD YOUR FINGERPRINTS RECORDED.

D.O.B.	MONTH	DAY	YEAR	GENDER: CHECK ONE:	Male	Female	RACE: CHECK ONE:	White	Black	Hisp.	Asian	Other
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HOME ADDRESS:												
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HOME TELEPHONE NUMBER:						CELL PHONE NUMBER:					
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EMAIL ADDRESS:												

YOU CAN EMAIL THIS COMPLETED FORM TO hmoore@ppines.com, OR FAX TO 954-436-3203.

OPTIMIST/ORGANIZATION NAME (CHECK ONE):		ALL BACKGROUNDS ARE THROUGH CAPS PROGRAM	
PEMBROKE PINES GIRLS SOFTBALL (FLETCHER/PPGS)		WEST PEMBROKE PINES OPTIMIST (WPPO)	
PEMBROKE PINES OPTIMIST (PPO)	PEMBROKE LAKES OPTIMIST (PLO)	WEST PINES UNITED (WPU)	
WEST PINES GIRLS SOFTBALL (WPGS)	SUMMER CAMP/OTHER: _____		
SPORT (I.E. Football, Soccer, ETC.)	AGE GROUP (I.E. U-5, U-12, ETC.)	CHECK ONE:	
		BOYS	GIRLS N/A
FOR OFFICIAL USE ONLY:	Date:	T.C.N.	
Prints taken by:	Location:	70LX06__000000-____	