



## Identity Verification Form for Fingerprinting

### FORM 3

This form may be dropped off at  
any Lottery office or mailed to:  
Minnesota Lottery  
PO Box 13650  
St. Paul, MN 55113

Pursuant to Minn. Stat. Sec. 349.06, a national criminal history record information is required for Responsible Lottery Officials applying for any sole proprietor or responsible lottery official that applies to be a lottery retailer and (1) has not undergone a check within the past seven years, or (2) has had any lapse in a contract to sell lottery tickets.

#### INSTRUCTIONS FOR APPLICANT:

1. Fill out ONLY the fields above the gray box prior to your appointment.
2. Bring this Identity Verification Form to your fingerprinting appointment.
3. Bring a valid government-issued photo ID to your fingerprinting appointment.
4. Your signature is to be provided during your appointment. While observed by the fingerprint technician, you will sign this form AND also sign the fingerprint card.

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Initial

\_\_\_\_\_  
Maiden, Alias, Or Former Name

\_\_\_\_\_  
Date of Birth: Month/Day/Year

\_\_\_\_\_  
Sex: M, F, or Other

\_\_\_\_\_  
Type of Photo ID: drivers license, passport, military ID, tribal ID, etc.

\_\_\_\_\_  
State/Country that issued ID: For drivers license, list state.  
For military/tribal ID, list country.

\_\_\_\_\_  
Your Contact Phone #

\_\_\_\_\_  
Photo ID Number : drivers license #, passport #, etc.

\_\_\_\_\_  
Your Email Address

\_\_\_\_\_  
Social Security #

**STOP HERE. The remainder of this form must be completed during your fingerprint appointment.**

#### INSTRUCTIONS FOR FINGERPRINT TECHNICIAN:

1. Examine Applicant's photo ID, then confirm ID type and photo ID # above.
2. **Have Applicant sign this form AND the fingerprint card in your presence.**
3. **You sign and date below AND ALSO sign the fingerprint card.**
4. Enter your badge number if you have one (law enforcement).
5. Take fingerprints and return card to Applicant for mailing.

\_\_\_\_\_  
Agency/Company

\_\_\_\_\_  
Work Phone #

\_\_\_\_\_  
Fingerprint Technician Name

\_\_\_\_\_  
Badge # (if any)

\_\_\_\_\_  
Signature of Fingerprint Technician

\_\_\_\_\_  
Date of Fingerprinting

By signing above, I certify that I personally examined the photo I of the applicant, captured their fingerprints on an approved fingerprint card (FD-258), and personally observed them sign this form and the fingerprint card.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date of Fingerprinting

By signing above, I certify that I am the applicant and that the information I have provided is truthful. I authorize the Lottery to use the information I provide on this form to verify my identity.