APPLICANT INFORMATION WORKSHEET (AIW)

RECEIPT #:	A-NUMBER #:								
NAME:									
NAME:	FIRST		MIDDLE			LAST			
LIST ANY OTHER NAMES USED:		1)							
(i.e. MAIDEN/MARRIED NAME,ALIAS):			FIRST			MIDDLE	LAST		
,	, ,	2)							
		_,	FIRST			MIDDLE	LAST		
DATE OF B	IRTH:					_			
		МО	NTH	DAY	YEAR				
COUNTRY OF BIRTH:				cc	OUNTR	Y OF CITIZENS	SHIP:		<u></u>
GENDER: (0	CHECK ONE)			RAC	E : (CH	ECK ONE)			
	MALE					ASIAN			
	FEMALE					BLACK			
	OTHER					CAUCASIAN	/ LATINO		
						NATIVE AME	RICAN		
						UNKNOWN			
EYE COLO	R: (CHECK ONE)			HAIF	R COLC	R: (CHECK O	NE)		
	BLACK					BALD			RED OR AUBURN
	BLUE					BLACK			SANDY
	BROWN						STRAWBERRY		WHITE
	GRAY					BLUE			UNKNOWN
	GREEN HAZEL					BROWN GRAY			
	MAROON				H	GREEN			
	MULTICOLOR				H	ORANGE			
	PINK					PINK			
	UNKNOWN					PURPLE			
HEIGHT:		R .	WEIGHT:					OR	
	FEET/INCHES	CE	NTIMETER	S		PO	UNDS		KILOGRAMS