

APPLICANT INFORMATION WORKSHEET (AIW)

RECEIPT #: _____ A-NUMBER #: _____

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 BIRTH: _____
MONTH DAY YEAR

COUNTRY OF BIRTH: _____ COUNTRY OF CITIZENSHIP: _____

GENDER: (CHECK ONE)

- ☐ MALE
☐ FEMALE
☐ OTHER

RACE: (CHECK ONE)

- ☐ ASIAN
☐ BLACK
☐ CAUCASIAN / LATINO
☐ NATIVE AMERICAN
☐ UNKNOWN

EYE COLOR: (CHECK ONE)

- ☐ BLACK
☐ BLUE
☐ BROWN
☐ GRAY
☐ GREEN
☐ HAZEL
☐ MAROON
☐ MULTICOLOR
☐ PINK
☐ UNKNOWN

HAIR COLOR: (CHECK ONE)

- ☐ BALD
☐ BLACK
☐ BLOND OR STRAWBERRY
☐ BLUE
☐ BROWN
☐ GRAY
☐ GREEN
☐ ORANGE
☐ PINK
☐ PURPLE
☐ RED OR AUBURN
☐ SANDY
☐ WHITE
☐ UNKNOWN

HEIGHT: _____ OR _____ WEIGHT: _____ OR _____
FEET/INCHES CENTIMETERS POUNDS KILOGRAMS

RETURN "AIW" TO APPLICANT