



TAPS Applicant Information Form

Complete this form then go online at www.tennessee.cogentid.com to register
Payments may be made at www.tnprints.com

Agency Name _____	Agency ORI _____		
Last Name _____	First Name _____	Middle Name _____	
Date of Birth _____	Place of Birth _____	Sex <input type="checkbox"/> M <input type="checkbox"/> F	
Race _____	County of Citizenship _____	SSN _____	
Eye Color _____	Hair Color _____	Height _____	
Applicant Address _____			
City _____	State _____	Phone _____	
Type of Transaction _____	Prepaid to Dept. of Safety? <input type="checkbox"/> Y <input type="checkbox"/> N		
Payment To Be Made By <input type="checkbox"/> Agency <input type="checkbox"/> Applicant			
Originating Agency Case Number _____	USE FOR DCS & BUREAU OF SAFETY GUN PERMITS		
Agency Provider Number _____	USE FOR DHS	Agency Provider Suffix _____	USE FOR DHS
Does the Applicant transport children, adults, handicapped, or hazardous material? <input type="checkbox"/> Y <input type="checkbox"/> N			
License Number _____	License State _____		
Employer Name _____			
Employer Address _____			
City _____	State _____	Zip _____	
Hire Date _____			