

D5SR-FORM 2025: Certification of Fingerprint Technician



From Flotilla Commander:

Flotilla 054 -

To DCDR, Name:

Division 054 -

Subject: Request for Certification of Fingerprint Technician

Member Name:

AUX ID# :

Exam Grade:

Date of Examination:

Flotilla Commander's Name:

Flotilla Commander's Signature:

Date:

From: DCDR, Division 054 -

To: Director of Auxiliary (DIRAUX), Fifth District Southern Region

Subject: Request for Certification of Fingerprint Technician

This is to certify that the above-named individual has completed and passed the required fingerprinting exam.

Division Commander's Name:

Division Commander's Signature:

Date: