

# SAMPLE APPLICANT FORM

(Rev 09/19/2018)

## APPLICANT INFORMATION FORM



**PRIVACY ACT STATEMENT:** The FBI's acquisition, retention, and sharing of information submitted on this form is generally authorized under 28 USC 534 and 28 CFR 16.30-16.34. The purpose for requesting this information from you is to provide the FBI with a minimum of identifying data to permit an accurate and timely search of identity history identification records. Providing this information (including your Social Security Account Number) is voluntary; however, failure to provide the information may affect the completion of your request. The information reported on this form may be disclosed pursuant to your consent and may also be disclosed by the FBI without your consent pursuant to the Privacy Act of 1974 and all applicable routine uses. Under the Paperwork Reduction Act, you are not required to complete this form unless it contains a valid OMB control number. The form takes three minutes to complete.

### Applicant Information \* Indicates Required Fields

|   |   |   |   |              |       |
|---|---|---|---|--------------|-------|
| * Last Name   | Test                                    | *Sex  | Male  | *Race        | Asian |
| * First Name  | Test                                    | *Height:  | 506   | *Eye Color:  | Brown |
| Middle Name   |   | *Weight:  | 160   | *Hair Color: | Black |
| * Date of Birth   | 02/01/1972 (mmdyyyy)                    | *Place of Birth (State or Country if outside US): | Illinois  |              |       |
| * Phone Number  | 555-555-5555                            |   |   |              |       |
| * Address:  | 123 Main Street                         | *City/St/Zip                                      | Chicago, IL 60001                                       |              |       |
| Social Security Number (SSN):   |   |   |   |              |       |
| <i>Note: The SSN on line above is voluntary. Enter it <b>only</b> if you want the last 4 digits of your SSN to appear on your FBI response.</i> |   |   |   |              |       |
| * Email Address:  | test@gmail.com                          |   |   |              |       |
| <i>Note: We will use your email address to send you a link to pick your FBI Report response on our secure web portal.</i>                       |   |   |   |              |       |
| *U.S. Citizen or Legal Permanent Resident   | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No                       | If no, you must submit your request directly to the FBI |              |       |

### \*Please indicate preferred method of sending your FBI report to you: (Choose just one option)

**Option 1 – Web Portal pick up** – Quick response time. FBI report access – a one-time digital download from the Accurate Biometrics Customer Website. This service allows the applicant to retrieve/save/print their individual FBI response, usually within 24 hours, after fingerprints are either processed using live scan (electronic capture) or card scan through our office if FBI FD-258 card(s) are submitted. You will get an email from us once your response has been returned to us from the FBI. Online access to the FBI response report is available online for 30 days via your computer following the email notice to the applicant. Once the report is accessed or 30 days (whichever is shorter), the record is deleted.

Select Option 2

**Option 2\*** – Includes Option 1 *plus US Mail* (First Class) to U.S. addresses only. Must complete address segment below.

\_\_\_ Number of additional copies requested. **Additional copies are \$10 each** and will be added to your total processing charge.

**Option 3\*** – Includes Option 1 *plus 2-Day Priority Service* to U.S. addresses only. Must complete the address area below.

\_\_\_ Number of additional copies requested. **Additional copies are \$10 each** and will be added to your total processing charge.

**“Mail Results To” address** – The name must be the name of the applicant indicated above or the applicant's attorney (no third parties or “in care of” addressees). If response is being sent to the applicant's attorney, the attorney must include a letter of release statement on the attorney's letterhead **and INCLUDE SIGNATURES of BOTH the APPLICANT and the ATTORNEY.**

\*Applicant Name

Applicant's Attorney Name (if applicable)

\*Address (No PO boxes, No “In Care Of” or Third Parties) Required only for mailing. It will not appear on the response form.

\*City

\*State

\*Zip Code

### \*Payment

CASHIER'S CHECK / MONEY ORDER

CREDIT CARD (if by mail, please submit credit card form, available on our website.)

### \*Reason for Request:

To Review your own record

To adopt a child

To live, work, or travel in a foreign country

To challenge information on your record

Other Court-Related Matters. Please explain \_\_\_\_\_

\*APPLICANT SIGNATURE Test Test

DATE 9/19/2018

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**Applicant Information \* Indicates Required Fields**

|   |   |              |
|---|---|--------------|
| * Last Name   | *Sex  | *Race        |
| * First Name  | *Height:  | *Eye Color:  |
| Middle Name   | *Weight:  | *Hair Color: |
| * Date of Birth   | *Place of Birth (State or Country if outside US): |              |
| * Phone Number  |   |              |
| * Address:  | *City/St/Zip                                      |              |
| Social Security Number (SSN):   |   |              |
| <i>Note: The SSN on line above is voluntary. Enter it <b>only</b> if you want the last 4 digits of your SSN to appear on your FBI response.</i>               |   |              |
| * <b>Email Address:</b>   |   |              |
| <i>Note: We will use your email address to send you a link to pick your FBI Report response on our secure web portal.</i>                                     |   |              |
| *U.S. Citizen or Legal Permanent Resident <input type="checkbox"/> Yes <input type="checkbox"/> No    If no, you must submit your request directly to the FBI |   |              |

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\*Applicant Name \_\_\_\_\_

Applicant’s Attorney Name (if applicable) \_\_\_\_\_

\*Address (No PO boxes, No “In Care Of” or Third Parties) *Required only for mailing. It will not appear on the response form.*  
 \_\_\_\_\_

\*City \_\_\_\_\_ \*State \_\_\_\_\_ \*Zip Code \_\_\_\_\_

**\*Payment**

CASHIER’S CHECK / MONEY ORDER     CREDIT CARD (if by mail, please submit credit card form, available on our website.)

**\*Reason for Request:**

To Review your own record

To adopt a child

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To challenge information on your record

Other Court-Related Matters. Please explain \_\_\_\_\_

**\*APPLICANT SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_



## Credit Card Payment Form

\* Denotes Required Fields

Applicant

\* Full Name \_\_\_\_\_

Company Name \_\_\_\_\_  
(if applicable)

\* Billing Address \_\_\_\_\_

Billing Address 2 \_\_\_\_\_

\* City \_\_\_\_\_ \* State/Province \_\_\_\_\_

\* Postal (ZIP) Code \_\_\_\_\_ \* Country \_\_\_\_\_

**PAYMENT INFORMATION**

(click to select card type)

Type of Credit Card:      Visa      Mastercard      American Express      Discover

Credit Card Number \_\_\_\_\_

Name on Credit Card \_\_\_\_\_

Expiration Date \_\_\_\_\_      CVV Code \_\_\_\_\_      Total Amount to be Billed to Credit Card \_\_\_\_\_

Phone Number (including area code) \_\_\_\_\_

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

I understand and agree to the cardholder agreement and by doing so, give Accurate Biometrics the permission to charge the above credit card for the amount listed.

Card Holder Signature \_\_\_\_\_

Date \_\_\_\_\_