

Accurate Biometrics  
500 Park Blvd Suite 1260  
Itasca IL 60143

phone 773-685-5699  
fax 773-685-5433  
Web Site: [www.accuratebiometrics.com](http://www.accuratebiometrics.com)

## State of Illinois Background Check

### UCIA

Thank you for choosing Accurate Biometrics for your fingerprinting needs.

**PLEASE PROVIDE THE FOLLOWING INFORMATION (PLEASE PRINT CLEARLY)**

**Last name:**

**First name:**

**Middle Initial:**

**Daytime Phone:**

**Date of Birth:**

**Sex:** (circle one)      Male      Female

(circle one)

**Race:**      White      Black      Hispanic      Asian      American Indian/Alaskan      Other

#### **REQUESTOR INFORMATION**

Name: \_\_\_\_\_ Agency Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

I, the undersigned, authorize Accurate Biometrics to capture and transmit my fingerprints and above-noted demographic data to the Illinois State Police. I understand that the Illinois State Police will return the results of the fingerprint search to the Requestor listed above.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**(Do Not Write Below This Line—For Office Use Only)**

F.P. Tech: \_\_\_\_\_ TCN: \_\_\_\_\_

Date Fingerprinted: \_\_\_\_\_



## 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 \_\_\_\_\_

# Fingerprint Cardscan Applicant Consent

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Email Address of Applicant: \_\_\_\_\_  
(Please print clearly in all capital letters)

I am allowing Accurate Biometrics, Inc., (and any of its agents), to capture and transmit my fingerprints for the purpose of checking my criminal history record information ("CHRI"). I authorize the release to the Agency (your Authorized Recipient) referenced in this receipt of any CHRI that may exist regarding me from any agency, organization, institution, or entity having such information on file. I am aware and understand my fingerprints may be transmitted to, retained by, and used to check the CHRI files of, the Illinois State Police ("ISP") and/or the Federal Bureau of Investigation ("FBI"), to include but not limited to civil, criminal and latent fingerprint databases. I understand if my photo was taken, my photo may be shared only for employment or licensing purposes and may be retained by the ISP or the FBI. I understand I have the right to challenge any information disseminated from these criminal justice agencies regarding me that may be inaccurate or incomplete pursuant to Title 28 Code of Federal Regulation 16.34 and Chapter 20 ILCS 2630/7 of the Criminal Identification Act. I acknowledge reading the Retention and Destruction Policy for Fingerprints and Other Information ("Policy") document which was made available to me. I understand that unless obligated by governmental customer contract or the FBI to maintain Biometrics for a specified period of time, all Biometrics will be retained by Accurate Biometrics, Inc. for 90 days from the date of receipt, fingerprint capture or card scan date, or the "date last modified" as set forth in the Policy. The Policy is also available upon request emailed to [privacy@accuratebiometrics.com](mailto:privacy@accuratebiometrics.com) or by letter sent to: Attn: President, Accurate Biometrics, Inc., 500 Park Boulevard, Suite 1260, Itasca, Illinois 60143. By Signing Below, I acknowledge that I have read and agree to Accurate Biometrics' Policy included in this packet and also found at the following link: [accuratebiometrics.com/compliance](http://accuratebiometrics.com/compliance)

**APPLICANT CONSENT:** My signature below indicates my agreement with all of the above and further certifies that all information provided by me related to obtaining fingerprint processing services is correct and that I am the person named below.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_



Accurate Biometrics, Inc.

## Biometrics Retention and Destruction Policy

Updated: June 15, 2022

IDFPR Live Scan Fingerprint  
Provider  
Agency License #262.000016

Accurate Biometrics, Inc.  
500 Park Boulevard  
Suite 1260  
Itasca, Illinois 60143  
Phone: (866) 361-9944

## **Section 1. Introduction**

Accurate Biometrics, Inc. (“Accurate Biometrics”) is an Illinois headquartered licensed fingerprint vendor. Section 1240.535(c)(8) of the Illinois Administrative Code regulating fingerprint vendors provides: “A licensed fingerprint vendor must develop a written policy, made available to the public, establishing a retention schedule and guidelines for permanently destroying identifiers and other biometric information when the initial purpose for collecting or obtaining the identifiers or information has been satisfied or after 3 years from the individual's last interaction with the licensed fingerprint vendor, whichever occurs first. Absent a valid warrant or subpoena issued by a court of competent jurisdiction, a private entity in possession of biometric identifiers or biometric information must comply with its established retention schedule and destruction guidelines” (the “Regulation”). This Policy is drafted pursuant to the Regulation and in order to inform fingerprint applicants about how Accurate Biometrics handles, stores and processes certain applicant information. This Policy will be periodically updated and you can receive the most recent version by emailing: [privacy@accuratebiometrics.com](mailto:privacy@accuratebiometrics.com).

## **Section 2. Retention Policy**

### **2.1 Retention**

Unless obligated by customer contract or the “FBI CJIS Security Policy” to maintain fingerprint images for a specific period of time, all identifiers and other biometric information, including fingerprint images will be retained for up to 90 days from the date of receipt, fingerprint capture or card scan date, or the “date last modified”, in the case where the original fingerprint or card scan date was modified. Exhibit A (available upon request) is part

of this policy and contains an updated list of customer contract categories or names listing retention policies that differ from the above 90 days. Exhibit A will be updated from time to time. If a fatal or non-fatal error occurs requiring the re-transmission of fingerprint images, the “date last modified” will be updated, beginning a new 90-day retention period. 90 days is a proper retention period as it allows for the resubmission of fingerprints for customers and applicants who either do not receive reports or accidentally misplace reports they have received. The 90-day period also prevents inconveniencing the fingerprint applicant as they do not need to be re-printed if reports are lost or not received.

When an error results in the need for a new set of fingerprint images to be taken, this creates a new fingerprint inquiry transaction with a new date of fingerprint capture, starting the 90-day retention date from the revised date of fingerprint capture.

When obligated by customer contract or the “FBI CJIS Security Policy” to retain fingerprint images for a specific period of time other than 90 days, Accurate Biometrics has electronically programmed its retention database to retain the digital images to the specific requesting agency requirements. Electronic retention has been built utilizing the purpose for which the fingerprints were captured, in addition to the requesting agency Originating Agency Identifier assigned by the Illinois State Police, Bureau of Identification or the Federal Bureau of Investigation.

Accurate Biometrics recognizes there may appear to be a conflict between the Regulation and the requirements with respect to certain contracts with respect to the retention time frame, but believes the intent of the Regulation is not to conflict with governmental contractual requirements and can be reconciled by the fact that the initial purpose of the contractual requirement has not been met and the governmental entity is relying upon the fingerprinting agency for archival of its records.

Additionally, the Act specifically provides that it does not apply to contractors of State or local governments and this further supports that the Regulations are not intended to restrict a government contractor from retaining records longer than 3 years. Therefore, a period of retention of greater than 3 years is warranted in certain circumstances.

If Accurate Biometrics is sold or merged the successor will have control over and access to all identifiers and other biometric information; however, the transaction document will require the successor to comply with the terms of the then current version of this Policy.

## **2.2 Retention of Employee Records**

The identifiers and other biometric information maintained on Accurate Biometric employees will be maintained by Accurate Biometrics for the duration of employment with the company except that fingerprint records shall be kept only for the time required to obtain the applicable report from the applicable agency and will be deleted after receipt of such report.

## **Section 3. Permanent Destruction Policy**

### **Section 3.1 Electronic Documents**

All identifiers and other biometric information which are stored electronically are (1) encrypted both in transit and at rest and (2) stored on a local server as well as on Amazon Web Services (AWS) and Amazon Web Services - GovCloud (AWS-GovCloud) or similar servers in an encrypted manner so the server provides no access to them. Once the Record Retention Schedule has been met, a secure electronic “delete” function takes place. Immediately after the secure “delete” function takes place, the identifiers and other biometric information are no longer accessible and permanently destroyed on the applicable hard drive as well as any external servers. Understanding that

the standard “delete” function by itself in today’s digital arena, is not sufficient to permanently “destroy” these electronic documents, the following steps are also put into place, to ensure the data is not recoverable.

In order to protect the privacy and confidentiality and recoverability of our captured data and in order to be in compliance with the FBI CJIS Security Policy and related requirements, Accurate Biometrics has a policy in place to ensure hard drives are backed up on other hard drives in case there is a hard drive failure. Such hard drives are encrypted and only to be used to restore data that has been lost. Once the archival period for a hard drive has expired, Accurate Biometrics completely erases and overwrites all data stored on each hard drive and then physically destroys the hard drive. Accurate Biometrics hires a certified third party to “shred” such hard drives in order to securely destroy the physical hardware. Upon completion of the hard drive “shred”, Accurate Biometrics receives an official signed shred certificate.

### **Section 3.2 Physical Documents**

Some identifiers and other biometric information may be received in paper form, e.g. fingerprint cards. Such Identifiers and other biometric information are converted into an electronic/digital format. Thereafter the physical documents are placed in a file for a period of up to 30 days. On or before such 30 days expires, the physical documents are placed in a secure shred bin. On a bi-monthly basis, a third party hired by Accurate Biometrics, securely shreds the contents of the shred bins.

### **Section 3.3 Employee Files**

Once an employee has terminated employment with the company, all other biometric information will be destroyed following the policies in Sections 3.1 and 3.2 subject to any retention

requirements in applicable law.

#### **Section 4. Exceptions to Policy**

Absent a valid warrant or subpoena issued by a court of competent jurisdiction or other applicable law or legal requirement, Accurate Biometrics will comply with the Policy.

#### **Section 5. Roles and Responsibilities**

Accurate Biometrics has assigned its President to be responsible for overseeing and implementing the Policy.

#### **Section 6. Definitions**

The terms "identifiers" and "biometric information" are not defined by the Regulation; however the terms "biometric identifier" and "biometric information" are defined in the Illinois Biometric Information Privacy Act found at 740 ILCS 14/ (the "Act") and such definitions are applied in this Policy. Accordingly, whenever used within this Policy, unless otherwise clearly documented:

(a) "Biometric identifier" means a retina or iris scan, fingerprint, voiceprint, or scan of hand or face geometry. Biometric identifiers do not include writing samples, written signatures, photographs, human biological samples used for valid scientific testing or screening, demographic data, tattoo descriptions, or physical descriptions such as height, weight, hair color, or eye color. Biometric identifiers do not include donated organs, tissues, or parts as defined in the Illinois Anatomical Gift Act or blood or serum stored on behalf of recipients or potential recipients of living or cadaveric transplants and obtained or stored by a federally designated organ procurement agency. Biometric identifiers do not include biological materials regulated under the Genetic Information Privacy

Act. Biometric identifiers do not include information captured from a patient in a health care setting or information collected, used, or stored for health care treatment, payment, or operations under the federal Health Insurance Portability and Accountability Act of 1996. Biometric identifiers do not include an X-ray, roentgen process, computed tomography, MRI, PET scan, mammography, or other image or film of the human anatomy used to diagnose, prognose, or treat an illness or other medical condition or to further validate scientific testing or screening.

(b) "Biometric information" means any information, regardless of how it is captured, converted, stored, or shared, based on an individual's biometric identifier used to identify an individual. Biometric information does not include information derived from items or procedures excluded under the definition of biometric identifiers.

(c) "Identifiers and other biometric information" means biometric identifiers and biometric information.

#### **Section 7. Questions and Copies**

This Policy shall be available to the public and be provided upon request. Questions related to the Policy, including requests for the most recent version of the Policy, should be directed to:

Attn: President  
Accurate Biometrics, Inc.  
500 Park Boulevard  
Suite 1260  
Itasca, Illinois 60143  
e-Mail: [privacy@accuratebiometrics.com](mailto:privacy@accuratebiometrics.com)

# EXHIBIT A

to

## Accurate Biometrics, Inc. Biometrics Retention and Destruction Policy

June 15, 2022

Customer Categories	Time Frame for Retention of Biometric Identifiers	Time Frame for Retention of Criminal History Record Information which may or may not constitute Biometric Information
FBI Departmental Order 566-73 – Individual Requestor (Self Check)	Up to 30 days	Up to 30 days or when successful delivery of Criminal History Record Information (CHRI) pick up or delivery occurs.
FBI Authorized Recipients/Agency including Medicare/Medicaid	Up to 30 days, unless defined by Federal, Tribal or other Governmental Agency User Agreement	Up to 30 days or when successful delivery of CHRI pick up and/or delivery occurs or as defined by Authorized Recipients through separate FBI “3 <sup>rd</sup> Party Outsourcing” Agreement.
State of Illinois – all Authorized Recipients (Agency), Illinois State Uniform Conviction Information Act (UCIA) (Self Check), Access and Review.	Authorized Recipient (Agency) -90 days after date of successful transmission of the fingerprint to Illinois State Police. UCIA and Access Review- held for 30 days after successful transmission to Illinois State Police (ISP).	N/A
State of Illinois – state agency Fee Applicant (various): <ul style="list-style-type: none"> <li>➤ Illinois Department of Central Management Services (CMS) and all agencies adopting CMS agreement – including Illinois Department of Financial and Professional Regulation (IDFPR), Illinois Department of Children and Family Services (DCFS), Illinois Gaming Board (IGB), Illinois Department of Human Services (DHS), Illinois Commerce Commission (ICC), Illinois Student Assistance Commission (ISAC) and other agencies falling under IL CMS.</li> <li>➤ Illinois Department of Public Health (IDPH).</li> <li>➤ Other state agencies.</li> </ul>	90 days after successful transmission of fingerprint to Illinois State Police or based on contract retention outlined in agency contract.	N/A
City of Chicago including the following agencies: Chicago Board of Education, Chicago Park District, Department of Family Services, Department of Business Affairs.	90 days after successful transmission of fingerprint to Illinois State Police or based on retention outlined in the agency contract.	N/A

State of California- Authorized Recipient (Agency)	180 Days or based on contract retention dates.	N/A
Florida	Compliant with all requirements of Florida Department of Law Enforcement.	NA
<ul style="list-style-type: none"> <li>➤ Private Companies for their corporate board members or other high level executives</li> <li>➤ Liquor licensing applicants</li> <li>➤ Gaming applicants</li> </ul>	Up to 3 years depending on customer contract.	

<b>APPLICANT</b> <small>* See Privacy Act Notice on Back</small>		LEAVE BLANK		TYPE OR PRINT ALL INFORMATION IN BLACK				FBI		LEAVE BLANK	
FD-258 (Rev. 5-15-17) 1110-0046				LAST NAME NAM		FIRST NAME		MIDDLE NAME			
SIGNATURE OF PERSON FINGERPRINTED		ALIASES AKA		O		R		I		DATE OF BIRTH DOB	
RESIDENCE OF PERSON FINGERPRINTED										Month Day Year	
DATE		SIGNATURE OF OFFICIAL TAKING FINGERPRINTS		CITIZENSHIP CTZ		SEX		RACE		HGT. WGT. EYES HAIR PLACE OF BIRTH POB	
EMPLOYER AND ADDRESS		YOUR NO. OCA		UNIVERSAL CONTROL NO. UCN		ARMED FORCES NO. MNU		SOCIAL SECURITY NO. SOC		MISCELLANEOUS NO. MNU	
REASON FINGERPRINTED											

Note: It is acceptable for a copy of the FBI FD-258 fingerprint card in this pdf to be printed on standard white letter-sized printer paper for ink card processing.

**Instructions for completing the personal information on the fingerprint forms:**

All fields highlighted in yellow above must be filled out on the fingerprint form completely. Be sure to fill out both forms. Please print legibly and use **BLACK INK**.

1. Please print clearly in the **First, Middle and Last Name** fields.
2. **Signature of Person Being Fingerprinted** – You must sign this section when your fingerprints are applied to the card/form. This signature should be your full legal name, and it must be signed in the presence of the agent taking your fingerprints, so **DO NOT sign the card before your fingerprinting visit**.
3. **Residence of Person Fingerprinted** – Enter the residence of the person being fingerprinted.
4. **Signature of Official and Date** – Card must be signed and dated by the agent taking your prints.
5. **Reason Fingerprinted** – Please fill in the reason for fingerprinting in this field.
6. **Date of Birth** – Date of Birth should be entered MM/DD/YYYY.
7. **Citizenship** – Please enter the country of your citizenship.
8. **Sex** – Use M for Male and F for Female.
9. **Race** – Use the following for race.

W – White	I – American Indian or Alaskan Native
H – Hispanic	A – Asian
B – Black	

10. **HGT** (Height) – Enter height in feet and inches-- for example 5'5".
11. **WGT** (Weight) – Enter weight in pounds – for example 140.
12. **Eyes** – Use the following abbreviations for Eye Color:

BLK – Black	GRN – Green
BLU – Blue	GRY – Gray
BRO – Brown	HZL – Hazel

13. **Hair** – Use the following abbreviations for Hair Color:

BLK – Black	GRY – Grey/partially grey
RED – Red	BLN – Blonde
WHI – White	BLD – Bald
BRO – Brown	

14. **Place of Birth (POB)** – Enter the US state or the country of birth if place of birth is out of the US.
15. **Social Security Number (SOC)** – Enter the social security number of the person being fingerprinted.

**SEX CODE TABLE**

<i>External Code</i>	<i>Literal</i>	<i>Description</i>
<b>F</b>	<b>Female</b>	<b>Female</b>
<b>M</b>	<b>Male</b>	<b>Male</b>
<b>X</b>	<b>Unknown</b>	<b>Unknown Sex</b>

**EYE COLOR CODE TABLE**

<i>Eye Color Literal</i>	<i>External Code</i>
<b>BLACK</b>	<b>BLK</b>
<b>BLUE</b>	<b>BLU</b>
<b>BROWN</b>	<b>BRO</b>
<b>GRAY</b>	<b>GRY</b>
<b>GREEN</b>	<b>GRN</b>
<b>HAZEL</b>	<b>HAZ</b>
<b>MAROON</b>	<b>MAR</b>
<b>MULTICOLOR</b>	<b>MUL</b>
<b>PINK</b>	<b>PNK</b>

**HAIR CODE TABLE**

<b>BALD</b>	<b>BLD</b>
<b>BLACK</b>	<b>BLK</b>
<b>BLONDE (or strawberry)</b>	<b>BLN</b>
<b>BLUE</b>	<b>BLU</b>
<b>BROWN</b>	<b>BRO</b>
<b>GREEN</b>	<b>GRN</b>
<b>GRAY (or partially gray)</b>	<b>GRY</b>
<b>ORANGE</b>	<b>ONG</b>
<b>PURPLE</b>	<b>PLE</b>
<b>PINK</b>	<b>PNK</b>
<b>RED (or auburn)</b>	<b>RED</b>
<b>SANDY</b>	<b>SDY</b>
<b>WHITE</b>	<b>WHI</b>
<b>UNKNOWN</b>	<b>XXX</b>

**RACE CODE TABLE**

<b>External Code</b>	<b>Literal</b>	<b>Description (If Subject Is)</b>
<b>A</b>	<b>Asian or Pacific Islander</b>	<b>Chinese, Japanese, Filipino, Korean, Polynesian, Indian, Indonesian, Asian Indian, Samoan, or other Pacific Islander</b>
<b>B</b>	<b>Black</b>	<b>A person having origins in any of the black racial groups of Africa</b>
<b>I</b>	<b>American Indian or Alaskan Native</b>	<b>American Indian, Eskimo, or Alaskan Native, or a person having origins in any of the 48 contiguous states of the United States or Alaska who maintains cultural identification through tribal affiliation or community recognition</b>
<b>U</b>	<b>Unknown</b>	<b>Of Indeterminable Race</b>
<b>W</b>	<b>White</b>	<b>Caucasian, Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.</b>

# APPLICANT

\* See Privacy Act Notice on Back

LEAVE BLANK

TYPE OR PRINT ALL INFORMATION IN BLACK

LAST NAME NAM FIRST NAME MIDDLE NAME

FBI LEAVE BLANK

FD-258 (Rev. 5-15-17) 1110-0046

SIGNATURE OF PERSON FINGERPRINTED

ALIASES AKA

O  
R  
I

RESIDENCE OF PERSON FINGERPRINTED

DATE OF BIRTH DOB  
Month Day Year

CITIZENSHIP CTZ

SEX RACE HGT. WGT. EYES HAIR PLACE OF BIRTH POB

DATE SIGNATURE OF OFFICIAL TAKING FINGERPRINTS

YOUR NO. OCA

LEAVE BLANK

EMPLOYER AND ADDRESS

UNIVERSAL CONTROL NO. UCN

CLASS \_\_\_\_\_

ARMED FORCES NO. MNU

REF. \_\_\_\_\_

REASON FINGERPRINTED

SOCIAL SECURITY NO. SOC

MISCELLANEOUS NO. MNU

1. R. THUMB

2. R. INDEX

3. R. MIDDLE

4. R. RING

5. R. LITTLE

6. L. THUMB

7. L. INDEX

8. L. MIDDLE

9. L. RING

10. L. LITTLE

LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY

L. THUMB

R. THUMB

RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY

# APPLICANT

\* See Privacy Act Notice on Back

LEAVE BLANK

TYPE OR PRINT ALL INFORMATION IN BLACK

FBI LEAVE BLANK

LAST NAME NAM FIRST NAME MIDDLE NAME

FD-258 (Rev. 5-15-17) 1110-0046

SIGNATURE OF PERSON FINGERPRINTED

ALIASES AKA

O  
R  
I

RESIDENCE OF PERSON FINGERPRINTED

DATE OF BIRTH DOB  
Month Day Year

CITIZENSHIP CTZ

SEX RACE HGT. WGT. EYES HAIR PLACE OF BIRTH POB

DATE SIGNATURE OF OFFICIAL TAKING FINGERPRINTS

YOUR NO. OCA

LEAVE BLANK

EMPLOYER AND ADDRESS

UNIVERSAL CONTROL NO. UCN

CLASS \_\_\_\_\_

ARMED FORCES NO. MNU

REF. \_\_\_\_\_

REASON FINGERPRINTED

SOCIAL SECURITY NO. SOC

MISCELLANEOUS NO. MNU

1. R. THUMB

2. R. INDEX

3. R. MIDDLE

4. R. RING

5. R. LITTLE

6. L. THUMB

7. L. INDEX

8. L. MIDDLE

9. L. RING

10. L. LITTLE

LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY

L. THUMB

R. THUMB

RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY

FEDERAL BUREAU OF INVESTIGATION  
UNITED STATES DEPARTMENT OF JUSTICE  
CJIS DIVISION/CLARKSBURG, WV 26306

1110-0046

1. LOOP



CENTER  
OF LOOP

DELTA

THE LINES BETWEEN CENTER OF  
LOOP AND DELTA MUST SHOW

2. WHORL



DELTA

THESE LINES RUNNING BETWEEN  
DELTA MUST BE CLEAR

3. ARCH



ARCHES HAVE NO DELTAS

FD-258 (REV. 5-15-17)

# APPLICANT

## THIS CARD FOR USE BY:

1. LAW ENFORCEMENT AGENCIES IN FINGERPRINTING APPLICANTS FOR LAW ENFORCEMENT POSITIONS.\*
2. OFFICIALS OF STATE AND LOCAL GOVERNMENTS FOR PURPOSES OF EMPLOYMENT, LICENSING, AND PERMITS, AS AUTHORIZED BY STATE STATUTES AND APPROVED BY THE ATTORNEY GENERAL OF THE UNITED STATES. LOCAL AND COUNTY ORDINANCES, UNLESS SPECIFICALLY BASED ON APPLICABLE STATE STATUTES DO NOT SATISFY THIS REQUIREMENT.\*
3. U.S. GOVERNMENT AGENCIES AND OTHER ENTITIES REQUIRED BY FEDERAL LAW.\*\*
4. OFFICIALS OF FEDERALLY CHARTERED OR INSURED BANKING INSTITUTIONS TO PROMOTE OR MAINTAIN THE SECURITY OF THOSE INSTITUTIONS.

Please review this helpful information to aid in the successful processing of hard copy civil fingerprint submissions in order to prevent delays or rejections. Hard copy fingerprint submissions must meet specific criteria for processing by the Federal Bureau of Investigation. **Ensure all information is typed or legibly printed using blue or black ink.**

**Enter data within the boundaries of the designated field or block.**

**Complete all required fields.** (If a required field is left blank, the fingerprint card may be immediately rejected without further processing.)

- \* The required fields for hard copy civil fingerprint cards are: ORI, Date of Birth, Place of Birth, NAM, Sex, Date fingerprinted, Reason Fingerprinted, and proper completion of fingerprint impression boxes.

**Do not use highlighters on fingerprint cards.**

**Do not enter data or labels within 'Leave Blank' areas.**

**Ensure fingerprint impressions are rolled completely from nail to nail.**

**Ensure fingerprint impressions are in the correct sequence.**

**Ensure notations are made for any missing fingerprint impression (i.e. amputation).**

**Do not use more than two retabs per fingerprint impression block.**

**Ensure no stray marks are within the fingerprint impression blocks.**

Training aids can be ordered online via the Internet by accessing the FBI's website at: [fbi.gov](http://fbi.gov), click on 'Fingerprints', then click on 'Ordering Fingerprint Cards & Training Aids'. Direct questions to the Biometric Services Section's Customer Service Group at (304) 625-5590 or by e-mail at <identity@fbi.gov>.

**Social Security Account Number (SSAN):** Pursuant to the Privacy Act of 1974, any Federal, state, or local government agency that requests an individual to disclose his or her SSAN, is responsible for informing the person whether disclosure is mandatory or voluntary, what statutory or other authority the SSAN is solicited, and what uses will be made of it. In this instance, the SSAN is solicited pursuant to 28 U.S.C 534 and will be used as a unique identifier to confirm your identity because many people have the same name and date of birth. Disclosure of your SSAN is voluntary; however, failure to disclose your SSAN may affect completion or approval of your application.

## PRIVACY ACT STATEMENT

**Authority:** The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub.L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

**Principal Purpose:** Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprints repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

**Routine Uses:** During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

## PAPERWORK REDUCTION ACT NOTICE

According to the Paperwork Reduction Act of 1995, no persons are required to provide the information requested unless a valid OMB control number is displayed. The valid OMB control number for this information collected is 1110-0046. The time required to complete this information collected is estimated to be 10 minutes, including time reviewing instructions, gathering, completing, reviewing and submitting the information collection. If you have any comments concerning the accuracy of this time estimate or suggestions for reducing this burden, please send to: Department Clearance Officer, United States Department of Justice, Justice Management Division, Policy and Planning Staff, Washington, DC 20530.

## INSTRUCTIONS:

- \* 1. PRINTS MUST GENERALLY BE CHECKED THROUGH THE APPROPRIATE STATE IDENTIFICATION BUREAU, AND ONLY THOSE FINGERPRINTS FOR WHICH NO DISQUALIFYING RECORD HAS BEEN FOUND LOCALLY SHOULD BE SUBMITTED FOR FBI SEARCH.
2. IDENTITY OF PRIVATE CONTRACTORS SHOULD BE SHOWN IN SPACE "EMPLOYER AND ADDRESS". THE CONTRIBUTOR IS THE NAME OF THE AGENCY SUBMITTING THE FINGERPRINT CARD TO THE FBI. UNIVERSAL CONTROL NUMBER, IF KNOWN, SHOULD ALWAYS BE FURNISHED IN THE APPROPRIATE SPACE.
- \*\* 3. MISCELLANEOUS NO. - RECORD: OTHER ARMED FORCES NO. PASSPORT NO. (FP), ALIEN REGISTRATION NO. (AR), PORT SECURITY CARD NO. (PS), SELECTIVE SERVICE NO. (SS) VETERANS' ADMINISTRATION CLAIM NO. (VA).