

Illinois State Agencies-Fingerprinting Form

Please Provide the Following Information (Please Print Clearly).

Last Name: _____ First Name: _____ MI: ____

Address: _____ City: _____

State: _____ Zip Code: _____ Date of Birth: ____/____/____

Sex: _____ Race: _____ Height: _____ Weight: _____

Hair Color: _____ Eye Color: _____ Phone # (____) _____

Social Security #: _____ - _____ - _____

Place of Birth: (State or Country if outside USA): _____

Please check the appropriate box below

| Purpose of Fingerprinting | | Illinois State Agency |
|---------------------------|---|---------------------------------|
| <input type="checkbox"/> | Drivers Training Instructor | Secretary of State |
| <input type="checkbox"/> | Vehicle Dealer Licenses | Secretary of State |
| <input type="checkbox"/> | Video Gaming Licensee | Gaming Board |
| <input type="checkbox"/> | Medicaid/Medicare Vendors | Healthcare and Family Services |
| <input type="checkbox"/> | Nursing Home Resident | Identified Offender Program |
| <input type="checkbox"/> | Public Adjuster Licensee | Department of Insurance |
| <input type="checkbox"/> | Explosive License | Department of Natural Resources |
| <input type="checkbox"/> | Pyrotechnic Use License | State Fire Marshall |
| <input type="checkbox"/> | Other: _____ (Please specify reason) | |



Accurate Biometrics, Inc.

Biometrics Retention and Destruction Policy

Updated: November 18, 2024

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.

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 may be retained for up to 60 days¹ 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

¹ This was previously 90 days in order to provide more convenience to fingerprint applicants. However, balancing applicant convenience with applicant security, Accurate

of this policy and contains an updated list of customer contract categories or names listing retention policies that differ from the above 60 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 60-day retention period. The above time period is a proper retention period as it allows for the resubmission of fingerprints for customers and applicants who either do not receive reports or in instances where the initial fingerprint submission is not properly processed by the state or federal agency. This prevents inconveniencing the fingerprint applicant as they do not need to be re-printed in those instances. If an event outside of Accurate Biometrics’ control occurs, such as war, terrorism, pandemic, an act of God, etc. (a “Force Majeure”) the time frames in this Policy may be extended to take into account the Force Majeure.

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 60-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 60 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

Biometrics has shortened this time period to 60 days. This may cause some applicants to be inconvenienced and need to be fingerprinted again.

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. Accurate Biometrics receives biometrics as a government contractor and applicants should be aware that the retention time frames vary for different agencies.

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 of Accurate Biometrics' employees will be maintained by Accurate Biometrics in accordance with the time frames in this Policy.

Section 3. Permanent Destruction Policy

Section 3.1 Electronic Documents

All identifiers and other biometric information which are stored electronically are encrypted both in transit and at rest from the time of capture and while stored on a local server or backup hard drive. If they are backed up offsite, they are securely encrypted in the cloud so the cloud server provides no third-party access to them. Before the deadlines

in this Policy are met, secure electronic "delete" functions take place after which the identifiers and other biometric information are no longer accessible and permanently destroyed on the applicable hard drive, backup drive, or external cloud servers so the identifiers and other biometric information are no longer accessible after the time frames noted in this Policy.

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 either shredded by Accurate Biometrics or placed in a secure shred bin and a third party securely shreds the contents of the shred bins on a bi-monthly basis.

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 specifically do not include other items listed in the Act or as otherwise determined by law.
- (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 is available to the public at <https://accuratebiometrics.com/compliance> and is also provided upon request. Questions related to the Policy should be directed to:

Attn: President

Accurate Biometrics, Inc.

500 Park Boulevard, Suite 1260

Itasca, Illinois 60143

e-Mail: privacy@accuratebiometrics.com

EXHIBIT A

to

Accurate Biometrics, Inc. Biometrics Retention and Destruction Policy

November 18, 2024

| Customer Categories | Time Frame for Retention of Biometric Identifiers | Time Frame for Retention of Criminal History Record Information (does not constitute Biometric Information) |
|--|---|---|
| FBI Departmental Order 566-73 – Individual Requestor (Self Check) | Up to 30 days | The earlier of 30 days or within 2 business days of when successful delivery of Criminal History Record Information (CHRI) pick up or delivery occurs. |
| FBI Authorized Recipients/Agency | Up to 30 days | Up to 30 days |
| FBI Authorized Recipient - Centers for Medicare/Medicaid (Fed CMS) Fingerprint Task Order | For the life of the task order. During the final 60-day transition-out period of the last task order period, all data maintained and updated by the contractor for this task order shall be turned over to Fed CMS. | For the life of the task order. During the final 60-day transition-out period of the last task order period, all data maintained and updated by the contractor for this task order shall be turned over to Fed CMS. |
| State of Illinois – all Authorized Recipients fingerprint types (Agency), Illinois State Uniform Conviction Information Act (UCIA) (Self Check), Access and Review, Fee Applicant including Illinois Department of Financial and Professional Regulation (IDFPR), & Criminal Justice Applicant | Authorized Recipient (Agency) - up to 60 days after date of successful transmission of the fingerprint to Illinois State Police. | N/A |
| State of Illinois – state agency Fee Applicant with contract (various): <ul style="list-style-type: none">➤ Illinois Department of Central Management Services (CMS) and all agencies adopting CMS agreement – 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 CMS. | For the life of the contract. Records may be retained for up to 3 years after the termination or expiration of the contract. | N/A |
| State of Illinois -- state agency Fee Applicant with contract <ul style="list-style-type: none">➤ Illinois Department of Public Health (IDPH). | For the life of the contract. | N/A |

| | | |
|---|---|---|
| City of Chicago including the following agencies: Chicago Park District, Department of Family Services, Department of Business Affairs. | Up to 60 days | N/A |
| The Board of Education of the City of Chicago | For the life of the agreement. Records may be retained for 6 years after the termination or expiration of the Agreement | For the life of the agreement. Records may be retained for 6 years after the termination or expiration of the Agreement |
| State of California- Authorized Recipient (Agency) – Live Scan | Up to 30 days | N/A |
| State of California- Department of Insurance Only – Card Scan | Up to 180 days | N/A |
| Florida | Up to 60 days | N/A |
| Benchmark Analytics | Up to 3 years | N/A |
| Defense Counterintelligence and Security Agency- Support Secure Web Fingerprint Transmissions | Up to 30 days | N/A |

Fingerprint Cardscan Applicant Consent

Last Name: _____ First Name: _____ MI: _____

Date of Birth: ____/____/____

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 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

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: _____

IMPORTANT NOTICE: Completion of this form is necessary for licensure/employment under provision set forth within the Illinois Compiled Statutes or other related Federal laws. Disclosure of this information is VOLUNTARY. However, failure to comply may result in the denial of your application.

IDENTITY VERIFICATION CERTIFYING STATEMENT

OOS-FP

Pursuant to Title 68 Part 1240.535 of the Private Detective, Private Alarm, Private Security, Fingerprint Vendor, and Locksmith Act of 2004 Rules, fingerprint vendors are required to confirm identity of the individual seeking to be fingerprinted. This identity verification form must be completed for out-of-state residents applying for licensure/employment in the State of Illinois. This form will be utilized to confirm the personal identifying information being placed on the Illinois State Police (ISP) Fee Applicant fingerprint card, form number ISP-404. The out-of-state agency chosen to take your fingerprints, must complete this form, as written confirmation that a valid government issued drivers license or State ID was presented and that the identification provided, belongs to the individual being fingerprinted.

Instructions: This form must be submitted, along with a manual Fee Applicant fingerprint card to which your fingerprints have been applied, to a licensed live scan fingerprint vendor in the State of Illinois possessing "Scan Card" capability to ensure electronic transmission of the Fee Applicant fingerprint card. The electronic transmission of fingerprints to the ISP is mandated pursuant to Title 20 Part 1265 "Electronic Transmission of Fingerprints". **The manual submission of fingerprints to ISP is no longer acceptable.** Once your fingerprints have been taken, a signed original of this form must be attached to your Fee Applicant fingerprint card and submitted to an Illinois licensed live scan fingerprint vendor. As well, an additional copy may be required to be submitted to the requesting State Agency along with any additional application or required documentation specified by the State Agency.

Section 1 Applicant Information (All fields mandatory)

| | | | |
|----------------------------------|--------|---|-------------------------|
| LAST NAME: | FIRST: | MIDDLE: | PHONE NUMBER: |
| MAIDEN NAME/GIVEN SURNAME: | | POSITION / REASON FINGERPRINTED: (NURSE/DOCTOR/SECURITY GUARD, ETC) | |
| ADDRESS: (STREET/CITY/STATE/ZIP) | | DATE OF BIRTH: | SOCIAL SECURITY NUMBER: |

Section 2 Certifying Agency Taking Fingerprints (Include TCN from Fee Applicant card)

| | |
|-----------------------------|-----------------------------|
| AGENCY NAME: | TCN: FRM |
| DATE FINGERPRINT TAKEN: / / | CONTACT PHONE NUMBER: () - |
| PRINTING AGENT'S NAME: LAST | FIRST |



I have compared the government issued identification presented by the applicant and attest that to the best determination, I have fingerprinted the same individual. (Must be checked to certify)

PRINTING AGENT'S SIGNATURE:

Illinois Live Scan Fingerprint Vendor Information

Section 3 Fingerprint Vendor Agency Name

| | |
|-------------------------------------|------------------------------|
| LIVE SCAN FP AGENCY NAME: | |
| REQUESTING STATE AGENCY: | REQUESTING STATE AGENCY ORI: |
| DATE FINGERPRINTS SUBMITTED TO ISP: | COST CENTER USED: |



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 _____

| APPLICANT <small>* See Privacy Act Notice on Back</small> | | LEAVE BLANK | | TYPE OR PRINT ALL INFORMATION IN BLACK | | | | FBI | | LEAVE BLANK | |
|--|---|-------------------------|--|--|------------|-------------|-----|----------------|------|----------------|-----|
| | | | | LAST NAME | FIRST NAME | MIDDLE NAME | | | | | |
| SIGNATURE OF PERSON FINGERPRINTED | | ALIASES AKA | | OR | | | | | | | |
| RESIDENCE OF PERSON FINGERPRINTED | | | | | | | | DATE OF BIRTH | | DOB | |
| | | | | | | | | Month Day Year | | | |
| DATE | SIGNATURE OF OFFICIAL TAKING FINGERPRINTS | CITIZENSHIP CTZ | | SEX | RACE | HGT | WGT | EYES | HAIR | PLACE OF BIRTH | POB |
| | | YOUR NO. OCA | | | | | | | | | |
| EMPLOYER AND ADDRESS | | FBI NO. FBI | | | | | | | | | |
| | | ARMED FORCES NO. MNU | | | | | | | | | |
| REASON FINGERPRINTED | | SOCIAL SECURITY NO. SOC | | | | | | | | | |
| | | MISCELLANEOUS NO. MNU | | | | | | | | | |

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> |
|----------------------|----------------|--------------------|
| F | Female | Female |
| M | Male | Male |
| X | Unknown | Unknown Sex |

EYE COLOR CODE TABLE

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

HAIR CODE TABLE

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

RACE CODE TABLE

| External Code | Literal | Description (If Subject Is) |
|----------------------|--|---|
| A | Asian or Pacific Islander | Chinese, Japanese, Filipino, Korean, Polynesian, Indian, Indonesian, Asian Indian, Samoan, or other Pacific Islander |
| B | Black | A person having origins in any of the black racial groups of Africa |
| I | American Indian or Alaskan Native | 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 |
| U | Unknown | Of Indeterminable Race |
| W | White | Caucasian, Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race. |

APPLICANT

* See Privacy Act Notice on Back

LEAVE BLANK

TYPE OR PRINT ALL INFORMATION IN BLACK

LAST NAME FIRST NAME MIDDLE NAME

FBI LEAVE BLANK

FD-258 (REV.12-10-07)

SIGNATURE OF PERSON FINGERPRINTED

ALIASES AKA

O
R
I

RESIDENCE OF PERSON FINGERPRINTED

DATE OF BIRTH DOB
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

LEAVE BLANK

FBI NO. FBI

CLASS

ARMED FORCES NO. MNU

REF.

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

LAST NAME FIRST NAME MIDDLE NAME

FBI LEAVE BLANK

FD-258 (REV.12-10-07)

SIGNATURE OF PERSON FINGERPRINTED

ALIASES AKA

O
R
I

RESIDENCE OF PERSON FINGERPRINTED

DATE OF BIRTH DOB
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

LEAVE BLANK

FBI NO. FBI

CLASS

ARMED FORCES NO. MNU

REF.

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

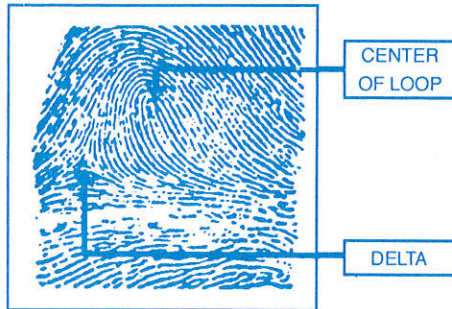
This page for information only -- FBI Privacy Statement

1110-0046 3/21/2010

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

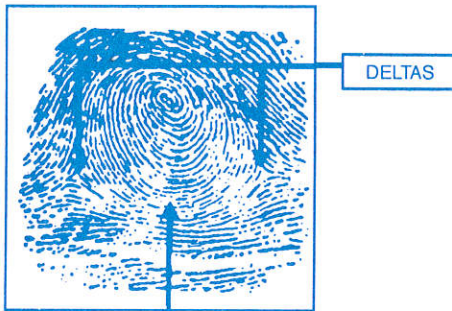
APPLICANT

1. LOOP



THE LINES BETWEEN CENTER OF LOOP AND DELTA MUST SHOW

2. WHORL



THESE LINES RUNNING BETWEEN DELTAS MUST BE CLEAR

3. ARCH



ARCHES HAVE NO DELTAS

FD-258 (REV. 12-10-07)

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 criminal and 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 fingerprint cards are: originating agency identifier number - date of birth - place of birth - name - sex fingerprint impressions - any applicable state stamp - Other (race, height, weight, eye color, hair color)

* criminal fingerprint cards also require an arrest charge and date of arrest.

* civil fingerprint cards also require a reason fingerprinted and date fingerprinted

Do not use highlighters on fingerprint cards.

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

Ensure the 'Reply Desired' field is checked when applicable (criminal only).

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, click on 'Fingerprints', then click on 'Ordering Fingerprint Cards & Training Aids'. Direct questions to the Identification and Investigative Services Section's Customer Service Group at (304) 625-5590 or by e-mail at cliaison@leo.gov.

PRIVACY ACT STATEMENT

Authority: The FBI's acquisition, preservation, and exchange of information requested by this form is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include numerous Federal statutes, hundreds of State statutes pursuant to Pub.L. 92-544, Presidential executive orders, regulations and/or orders of the Attorney General of the United States, or other authorized authorities. Examples include, but are not limited to: 5 U.S.C. 9101; Pub.L. 94-29; Pub.L. 101-604; and Executive Orders 10450 and 12968. Providing the requested information is voluntary, however, failure to furnish the information may affect timely completion or approval of your application.

Social Security Account Number (SSAN). Your SSAN is needed to keep records accurate because other people may have the same name and birth date. Pursuant to the Federal Privacy Act of 1974 (5 USC 552a), the requesting agency is responsible for informing you whether disclosure is mandatory or voluntary, by what statutory or other authority your SSAN is solicited, and what uses will be made of it. Executive Order 9397 also asks Federal agencies to use this number to help identify individuals in agency records.

Principal Purpose: Certain determinations, such as employment, security, licensing, and adoption, may be predicated on fingerprint-based checks. Your fingerprints and other information contained on (and along with) this form may be submitted to the requesting agency, the agency conducting the application investigation, and/or FBI for the purpose of comparing the submitted information to available records in order to identify other information that may be pertinent to the application. During the processing of this application, and for as long hereafter as may be relevant to the activity for which this application is being submitted, the FBI may disclose any potentially pertinent information to the requesting agency and/or to the agency conducting the investigation. The FBI may also retain the submitted information in the FBI's permanent collection of fingerprints and related information, where it will be subject to comparisons against other submissions received by the FBI. Depending on the nature of your application, the requesting agency and/or the agency conducting the application investigation may also retain the fingerprints and other submitted information for other authorized purposes of such agency(ies).

Routine Uses: The fingerprints and information reported on this form may be disclosed pursuant to your consent, and may also be disclosed by the FBI without your consent as permitted by the Federal Privacy Act of 1974 (5 USC 552a(b)) and all applicable routine uses as may be published at any time in the Federal Register, including the routine uses for the FBI Fingerprint Identification Records System (Justice/FBI-009) and the FBI's Blanket Routine Uses (Justice/FBI-BRU). Routine uses include, but are not limited to, disclosures to: appropriate governmental authorities responsible for civil or criminal law enforcement, counterintelligence, national security or public safety matters to which the information may be relevant; to State and local governmental agencies and nongovernmental entities for application processing as authorized by Federal and State legislation, executive order, or regulation, including employment, security, licensing, and adoption checks; and as otherwise authorized by law, treaty, executive order, regulation, or other lawful authority. If other agencies are involved in processing this application, they may have additional routine uses.

Additional Information: The requesting agency and/or the agency conducting the application-investigation will provide you additional information pertinent to the specific circumstances of this application, which may include identification of other authorities, purposes, uses, and consequences of not providing requested information. In addition, any such agency in the Federal Executive Branch has also published notice in the Federal Register describing any system(s) of records in which that agency may also maintain your records, including the authorities, purposes, and routine uses for the system(s).

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.
 3. FBI NUMBER, IF KNOWN, SHOULD ALWAYS BE FURNISHED IN THE APPROPRIATE SPACE.
- ** 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).