

ACCURATE BIOMETRICS

Form Application Instructions for Out-of-State Applicants for Licensing in Illinois



Please follow these instructions for filling out your application forms. Incorrectly filled out applications may delay the processing of your request.



Step 1: Complete the Applicant Information Form

- Fill out the Out-of-State Fingerprinting/Consent Form. You must include your phone number and email address in the event we need to contact you regarding your fingerprint processing.
- Please review the enclosed information about protection and security of your data privacy and biometric information. Signing the Out-of-State Fingerprint/Consent Form also confirms you have read and consent to the data privacy and biometric information policy.
- Up-to-date Compliance information can also be found online at:
<https://accuratebiometrics.com/compliance>.



Step 2: Obtain two sets of your fingerprints

- Print two of the standard FBI FD-258 fingerprint card form provided in the forms packet. It is acceptable to print the FD-258 form on standard white printer/copy paper. Please use black ink when filling out the form.
- You will need to submit two completed *original* FBI FD-258 fingerprint cards or printed from the FD -258 form. (If the applicant has received an Illinois State Police form *ISP Form 6-404*, that is also acceptable.) *Photocopies of fingerprint forms are not acceptable.*

Note: The two fingerprint cards should be from two different fingerprinting attempts. The cards are compared to see which is of better quality. This helps lessen the chance of a rejection from the FBI.

Out-of-State or International Applicant Note: Out-of-State or International applicants *must* use the standard FBI FD-258 format fingerprint card form in the forms packet (or the ISP Form 6-404); *do not submit fingerprints that are not on either the FBI FD-258 or the ISP*

Form 6-404 standard fingerprint card forms.

- Individuals may NOT fingerprint themselves; fingerprints MUST be obtained from a law enforcement or other authorized fingerprinting contractor.
- Include two sets of rolled impressions of all 10 fingerprints and impressions of all 10 fingerprints taken simultaneously (these are sometimes referred to as plain or flat impressions). All fingerprint boxes must be filled in, or exceptions must be noted. (For example a missing finger is annotated by placing an "X" on the card where the fingerprint should be.)
- **Note:** We will also accept fingerprint cards created by printing on to the cards from an electronic capture by an authorized fingerprint provider such as a local law enforcement agency or licensed fingerprint contractor. (Still a physical card, not an electronic transmission).
- Your name, date of birth, and signature must be provided on each fingerprint card. Fingerprints should be placed on the standard FBI FD-258 fingerprint form or card.

Note: Information on the application should match the information on the applicant fingerprint form. If there is a discrepancy, information from the applicant form will be used to generate your report.

- In the forms packet, the sample FBI card with yellow highlighted fields indicates which fields need to be filled in completely on the FBI cards submitted for processing, including sex, race, DOB, height, weight, eye color, and hair color. A social security number is optional.
- "Reason fingerprinted" on the card should specify which license (nursing, PERC, etc...). For questions, please call 866-361-9944.
- **IMPORTANT:** Include your complete email address in case there are any questions that could delay processing of your prints. A receipt email is available upon request. The Mailing Checklist included will help make sure you have everything.



Step 3: Identity Verification Form (OOS-FP)

- **The applicant only fills out Section 1 of the Identity Verification Certifying Statement (OOS-FP).** *Section 2 is filled out by the law enforcement or fingerprinting agent at the time of fingerprinting. The TCN field in this section will be completed by the livescan vendor, Accurate Biometrics in this case. Section 3 is completed by the Accurate Biometrics technician once your fingerprints are received at our corporate office.*

Note: We cannot process your fingerprints without the (OOS-FP) form (also known as the Identity Verification Certifying Statement). It is required by the Illinois State Police.



Step 4: Submit payment

- Please complete the payment form included in the download packet. For clients without a service agreement, the fee for each fingerprinting reason or purpose is listed on the webpage for that purpose. This price includes State and FBI processing fees.

*Clients with a customer service agreement, please submit the form supplied by our Customer Support Team with pricing details and your payment or contact us for further information.**

Credit card payment is preferred. We do not accept cash or personal checks. All major credit cards and money orders are accepted. Click [here](#) to view the complete list of payment terms.

*Our toll free Customer Service phone number is 866-361-9944 and our email is info@accuratebiometrics.com

- Important notes:
 - Cash or personal checks will not be accepted for mail in service.
 - Payment must be for the exact amount.
 - All payments must be payable in US Dollars.
 - With credit card payment, be sure to include the expiration date and 3 or 4 digit security code of the credit card that you are using.
 - We accept credit cards, money orders or company checks for by-mail payment. [View our complete payment term options.](#)



Step 5: Mail the required items to the following address

Review Required Items

Please review the checklist included in the forms packet to make sure you include everything or your departmental order processing may be delayed.

Your mailing must include:

- Completed Out-of-State Fingerprinting/Consent Form
- Completed Identity Verification Certifying Statement (OOS-FP)
- Completed FBI FD-258 format fingerprint cards
- Payment-Money Order, Company Check or Credit Card Payment Form (NO CASH OR PERSONAL CHECKS)

Mail to:

Accurate Biometrics – CARDSCAN

500 Park Blvd, Suite 1260

Itasca, IL 60143

For Status On Your Illinois State Police Fingerprint Background Check

For all applicants under the Illinois Department of Financial and Professional Regulation: If you do not receive a fingerprint receipt from Accurate Biometrics via email within 2 weeks of mailing your completed fingerprint processing packet, please call our customer service department toll free at 866-361-9944 or send us an email at info@accuratebiometrics.com

If we verify that your prints have been processed and your requesting agency has not received a response from the Illinois State Police (ISP), *you will need to contact the ISP for an update*. You must have the Transaction Control Number from your receipt. Please be sure to retain your receipt. The replacement fee is \$10 for lost receipts.

The ISP **prefers an email request** at isp.boi.customer.support@illinois.gov. To contact the ISP by phone call 815-740-5160, then select option #2. Please include your Transaction Control Number (TCN) in an email to the ISP to reference.

Important Notes

- Include your complete email address in case there are any questions that could delay processing of your prints.
- Fingerprints are submitted real-time on the day the fingerprints by mail are received.
Once fingerprints have been submitted NO REFUND REQUESTS CAN BE GRANTED.
- We will process your fingerprint card, convert it to a digital format, and send it electronically to the Illinois State Police and FBI for the background check. The results will be forwarded directly from the ISP to the designated Illinois Requestor Agency.
- **Do not** send any part of your licensing application to Accurate Biometrics. Licensing applications must be sent to the Requesting Agency that issues the license.
- Accurate Biometrics complies with all State and FBI guidelines for the use and storage of biometric and biographic information.
- For your information, our Biometric Protection Policy has been included at the end of this pdf. Our Biometric Protection Policy is also available online:
<https://accuratebiometrics.com/compliance>

MAILING CHECKLIST

Requirements for Illinois FeeApp Fingerprint Card Processing

To expedite your fingerprint submission, please fill in your contact information below so that we can reach you in case there are any problems or discrepancies with your application. If we don't have the required form(s) correctly filled out, we cannot process your prints. Call our Customer Service Team at 866-361-9944 or email us at info@accuratebiometrics.com if you have any questions.

Applicant Full Name _____

PLEASE PRINT CLEARLY

Best Phone Number / Time to Reach You _____

Best Email Address to Reach You _____

Referred By _____

IF APPLICABLE, PLEASE LIST THE REFERRING COMPANY OR ORGANIZATION AND CONTACT INFORMATION

Please complete the checklist below:

- ☐ **FORMS:** Illinois Out-of-State Fingerprinting/Consent Form and Identity Verification Certifying Statement Form (OOS-FP).
Make sure the reason for fingerprinting is included where asked. If "Other" is chosen, write the ORI number or the fingerprinting purpose code on the blank line provided. Don't forget to sign and date the form, and include your email address.
- ☐ **FINGERPRINT CARDS:** (2) original, completed FBI FD-258 or ISP 6-404 fingerprint card forms
Or electronically produced ink cards from an authorized fingerprint provider (local law enforcement agency or licensed fingerprint vendor)
- ☐ **PAYMENT:** Currently accepted forms of payment include...
- All Major Credit Cards and Debit Cards (fill out and include the credit card payment form)
(Double check that this information is correct. Be sure to include the expiration date and three digit security code of the credit card that you are using.)
 - Money Order
 - Please make the following payable to: Accurate Biometrics
 - Cashier's Check
 - Company/Agency Check
 - Pre-approved Billing Terms
 - All payments payable in US Dollars
 - **Cash or personal checks are not accepted**
- ☐ I have double checked all information for accuracy and am including this Mailing Checklist to provide my contact information to help speed processing:

MAIL TO: *(flat envelope preferred)*

Accurate Biometrics

Attn: CARDSCAN *(or write reason for fingerprinting)*

500 Park Boulevard, Suite 1260

Itasca, IL 60143

Out-of-State Fingerprinting Form

Last Name: _____ First Name: _____ MI: _____

Date of Birth: ____/____/____ Sex: ____ Race: ____ Height: ____ Weight: ____

Hair Color: ____ Eye Color: _____

Phone # (____) _____ Social Security #: _____ - _____ - _____

Place of Birth: _____

Email Address of Applicant: _____

(Please print clearly in all capital letters)

Please check the purpose of fingerprinting below

\$73	Registered Nurse (RN)	\$73	Chiropractic Licensee
\$73	Licensed Practical Nurse (LPN)	\$73	Chiropractic Licensee by Endorsement
\$73	Security (PERC)	\$73	Physician Licensee
\$73	Massage Therapy	\$73	Physician Licensee by Endorsement
Other-Specify Purpose and call for price:			

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: _____



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): ➤ 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 ➤ 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

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 * See Privacy Act Notice on Back		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 Month Day Year	
RESIDENCE OF PERSON FINGERPRINTED		CITIZENSHIP CTZ		SEX		RACE		HGT.		WGT.	
DATE		SIGNATURE OF OFFICIAL TAKING FINGERPRINTS		YOUR NO. OCA		EYES		HAIR		PLACE OF BIRTH POB	
EMPLOYER AND ADDRESS		UNIVERSAL CONTROL NO. UCN									
		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

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

SIGNATURE OF PERSON FINGERPRINTED

RESIDENCE OF PERSON FINGERPRINTED

DATE SIGNATURE OF OFFICIAL TAKING FINGERPRINTS

EMPLOYER AND ADDRESS

REASON FINGERPRINTED

LEAVE BLANK

TYPE OR PRINT ALL INFORMATION IN BLACK

LAST NAME NAM FIRST NAME MIDDLE NAME

FBI LEAVE BLANK

ALIASES AKA

O
R
I

CITIZENSHIP CTZ

SEX RACE HGT. WGT. EYES HAIR DATE OF BIRTH DOB
Month Day Year

PLACE OF BIRTH POB

YOUR NO. OCA

UNIVERSAL CONTROL NO. UCN

ARMED FORCES NO. MNU

SOCIAL SECURITY NO. SOC

MISCELLANEOUS NO. MNU

LEAVE BLANK

CLASS

REF.

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

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

SIGNATURE OF PERSON FINGERPRINTED

RESIDENCE OF PERSON FINGERPRINTED

DATE SIGNATURE OF OFFICIAL TAKING FINGERPRINTS

EMPLOYER AND ADDRESS

REASON FINGERPRINTED

LEAVE BLANK

TYPE OR PRINT ALL INFORMATION IN BLACK

LAST NAME NAM FIRST NAME MIDDLE NAME

FBI LEAVE BLANK

ALIASES AKA

O
R
I

CITIZENSHIP CTZ

SEX RACE HGT. WGT. EYES HAIR DATE OF BIRTH DOB
Month Day Year

YOUR NO. OCA

UNIVERSAL CONTROL NO. UCN

ARMED FORCES NO. MNU

SOCIAL SECURITY NO. SOC

MISCELLANEOUS NO. MNU

LEAVE BLANK

CLASS

REF.

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

1110-0046

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

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, 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, by 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).

1. LOOP

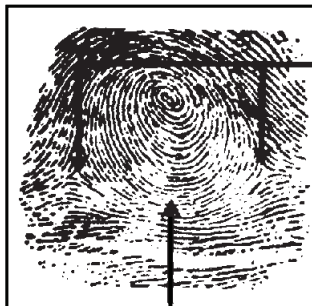


CENTER
OF LOOP

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