

APPLICANT

* See Privacy Act Notice on Back

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

LEAVE BLANK

TYPE OR PRINT ALL INFORMATION IN BLACK

FBI

LEAVE BLANK

LAST NAME

NAM

FIRST NAME

MIDDLE NAME

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

UNIVERSAL CONTROL NO. UCN

ARMED FORCES NO. MNU

CLASS

REASON FINGERPRINTED

SOCIAL SECURITY NO. SOC

REF.

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

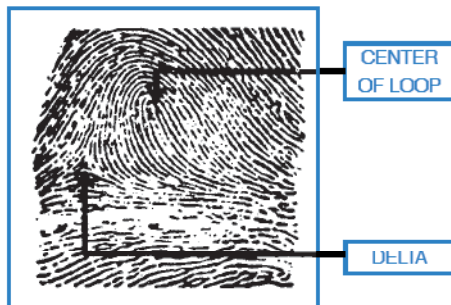
RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY

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

1110-0046

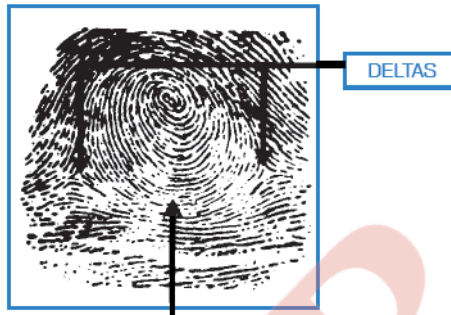
APPLICANT

1. LOOP



THE LINES BETWEEN CENTER OF
LOOP AND DELTA MUST SHOW

2. WHORL



THESE LINES RUNNING BETWEEN
DELTA MUST BE CLEAR

3. ARCH



ARCHES HAVE NO DELTAS

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 date 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 collection 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).

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

ROYAL PRINTING

48645 Vandyke Ave, Shelby Twp., MI
Royalprinting123.com, Royalfingerprinting.com



Instruction for completing the personal information on the fingerprint forms

All fields below (highlighted in yellow) must be filled out on the Fingerprint Form in order to be processed. Be sure to fill out both forms. Please print legibly and use BLACK INK.

1. Last Name
2. First Name
3. 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 person taking your fingerprints, so do not sign the card before you get your fingerprints captured.
4. **Date of Birth** – Date of Birth should be entered MM/DD/YYYY.
5. **Sex** – Use M for Male and F for Female.
6. **Race** – Use the following for race.

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

7. **HGT** (Height) – Enter height in feet and inches- for example 5’5”.
8. **WGT** (Weight) – Enter weight in pounds – for example 140.
9. **Eyes** – Use the following abbreviations for Eye Color:

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

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

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

11. **Place of Birth (POB)** – Enter the US state of the country of birth if place of birth is out of the US.
12. **Your Number (OCA)** – Enter CS as shown in the sample above
13. **Social Security Number (SOC)** – Enter the social security number of the person being fingerprinted.
14. **Signature of Official Taking Fingerprints**



FINGERPRINT BACKGROUND CHECK REQUEST AND CONSENT FORM

Purpose: To conduct a FBI or Civil fingerprint-based background check for employment, to volunteer, or for licensing purposes as authorized by law

I. Authorizing Information					
1. ORI	2. Department / Agency FBI (Federal) Identity & Criminal His	3. Reason for Fingerprinting Personal review	4. U.S Citizen / PR NO, I am not in the ab		
5. E-mail Address for to receive status notifications samueljohn@abc.com		6. Requestor Agency Name Commercia Bank	7. OCA / UCN / MNU - Number NA		
II. Applicant Information: Type or clearly print answers in all fields before going to be fingerprinted.					
1a. Last Name Samuel		1b. First Name S	1c. Middle Initial John	1d. Suffix	
2. Alternative Name (Alias / AKA): Surname/ Last name, followed a Comma & Space, F & M name ... NA			3. Social Security Number (Optional) NA		
4. Place of Birth (State or Country) India	5. Date of Birth 05/05/1984	6. Phone Number 586-943-7037	7. Driver's License / State ID Number D531277887908787	8. Issuing State Michigan	
9. Home Address 3547 s Rosevil Drive		10. City Rochester	11. State MI	12. ZIP Code 48315	
13. Sex Male	14. Race White	15. Height 5.08"	16. Weight 200lb	17. Eye Color Brown	18. Hair Color Black
III. Privacy Act Statement					
<p>Authority: Acquisition, preservation, and exchange of fingerprints and associated information by the Federal Bureau of Investigation (FBI) 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.</p> <p>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 fingerprint 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.</p> <p>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.</p>					
IV. Procedure to Obtain a Change, Correction, or Update of Identification Records					
<p>If, after reviewing his/her identification record, the subject thereof believes that it is incorrect or incomplete in any respect and wishes changes, corrections, or updating of the alleged deficiency; he/she should make application directly to the agency which contributed the questioned information. The subject of a record may also direct his/her challenge as to the accuracy or completeness of any entry on his/her record to the FBI, Criminal Justice Information Services (CJIS) Division, ATTN: SCU, Mod. D2, 1000 Custer Hollow Road, Clarksburg, WV 26306. The FBI will then forward the challenge to the agency which submitted the data requesting that agency to verify or correct the challenged entry. Upon the receipt of an official communication directly from the agency which contributed the original information, the FBI CJIS Division will make any changes necessary in accordance with the information supplied by that agency. (28 CFR § 16.34).</p>					
V. Consent					
<p>I understand that my personal information, photograph FBI or DOJ card with biometric data being submitted by Electronically and or HardCard fingerprint via mail will be used to search against identification records from the State and or FBI CJIS for the purpose listed above. I hereby authorize the release of my personal information for such purposes and release of any records found to the authorized requesting agency listed above. I understand that the rejection due to poor fingerprint quality and or incorrect data entry - "NO REFUNDS".</p>					
Signature: Samuel S John		Date: 02/18/2021		Time: 10:00am	