How to Request a FBI Criminal History Record

1. Complete cover letter

- Include your full name and complete mailing address on the above cover letter.
- Sign the bottom of the cover letter.

2. Obtain proof of identity

- Obtain proof of identity, which consists of a set of your fingerprints (original card, no copies), with your name, date of birth and place of birth. Fingerprints should be placed on a <u>standard fingerprint form (FD- 258)</u> commonly used for applicant or law enforcement purposes. Card stock paper is preferred.
- Include rolled impressions of all ten fingerprints and impressions of all ten fingerprints taken simultaneously (these are sometimes referred to as plain or flat impressions).
- If possible have your fingerprints taken by a fingerprinting technician (this service may be available at a law enforcement agency please check with your local or state agencies for availability; or visit one of the businesses below).
- Previously processed fingerprint cards will not be accepted.

3. Include an \$18.00 processing fee

- Money order or certified check made payable to the Treasury of the United States, or you
 may pay by <u>credit card</u>.
- Be sure to sign where required No personal checks or cash accepted.
- Must be the exact amount \$18.00.
- If paying by credit card you must include the completed <u>credit card</u> payment form.
- Credit cards will not be used for expedited mail services.
- 4. Allow approximately 13 weeks for processing, upon receipt to the FBI.
- 5. Please note, the FBI will only mail the record to the requestor. You must submit a copy
 - of the result along with your OSSE licensure application packet.
- 6. Mail items #1 (cover letter), #2 (fingerprints), #3 (payment) to:

FBI CJIS Division – Record Request 1000 Custer Hollow Road Clarksburg, West Virginia 26306

For more information on obtaining your FBI Criminal History Record, please visit:

http://www.fbi.gov/hg/cjisd/fpreguest.htm

Background Check & Fingerprinting Agencies
(The following is provided as a courtesy and is based on an Internet search; the information is accurate as of May, 2009)

Company	Address	Contact Number	Office Hours	Cost	Requirements
Central Business Service, Inc.	815 15 th Street, NW, Suite #607 Washington, DC 20005 1634 I Street, NW, #702 Washington, DC 20006	(202) 628-3716	9am – 5pm Mon – Fri	\$15.00	Driver's License, State Issued ID or Passport
ID Services, Inc.	1010 Vermont Ave, NW Suite #221 Washington, DC 20005	(202) 265-6500	7:30am – 6:00pm Mon – Fri	\$14.95	Driver's License, State Issued ID or Passport
Mobile Fingerprinting Service	1629 K Street, NW Washington, DC 20006	(202) 628-9393	Appointment only: leave a voicemail for a return call within 24 hours or the next business day	\$25.00	Driver's License, State Issued ID or Passport

APPLICANT		LEAVE BLANK	u	TYPE OR PRINT ALL INFORMATION IN BLACK LAST NAME NAM FIRST NAME MIDDLE NAME				E	<u>31</u>	LEAVE BLANK		
RESIDENCE OF PERSON FINGERPRINTED		LIASES AKA OR			DC000000Z							
		<u> </u>		CJIS-WV-SCU-D2 CLARKSBURG, WV					DATE OF BIRTH DOE Month Day			
		ENSHIP CTZ		SEX	RACE	HGT.	WGT.	EYES	HAIR	PLACE OF BIRTH POB		
DATE SIGNATURE OF OFFICIAL TAKING FINGERPRINTS YOU		R NO. OCA					LF	AVE BLA	NK			
		BI NO. FBI					,					
		ARM	RMED FORCES NO. MNU		CI	CLASS						
REASON FINGERPRINTED SOCI		CIAL SECURITY NO. SOC		,	REF.							
MISC		MISC	SCELLANEOUS NO. MNU									
1. R. THUMB		2. R. INDEX 7. L. INDEX		3. R. MIDDLE			4. R. R				5. R. L	
LEFT FOUR	FINGERS TA	KEN SIMULTANEOUSLY		L. THUMB	R. THUN	АВ			RIGHT FOUR F	INGERS T	'AKEN SII	MULTANEOUSLY

FEDERAL BUREAU OF INVESTIGATION UNITED STATES DEPARTMENT OF JUSTICE

CJIS DIVISION/CLARKSBURG, WV 26306

1. LOOP

CENTER OF LOOP DELTA

THE LINES BETWEEN CENTER OF LOOP AND DELTA MUST SHOW

2. WHORL



3. ARCH

DELTAS MUST BE CLEAR



ARCHES HAVE NO DELTAS

FD-258 (REV. 5-11-99)

APPLICANT

TO OBTAIN CLASSIFIABLE FINGERPRINTS:

- 1. USE BLACK PRINTER'S INK.
- 2. DISTRIBUTE INK EVENLY ON INKING SLAB.
- 3. WASH AND DRY FINGERS THOROUGHLY.
- 4. ROLL FINGERS FROM NAIL TO NAIL, AND AVOID ALLOWING FINGERS TO SLIP.
- 5. BE SURE IMPRESSIONS ARE RECORDED IN CORRECT ORDER.
- 6. NOTATE IN THE APPROPRIATE FINGER BLOCKS IF APPLICANT IS MISSING ONE OR MORE FINGERS FOR ANY REASON. IF NOT MISSING, ALL TEN IMPRESSIONS MUST BE PROVIDED WITH SCARS AND DEFORMITIES NOTATED.
- IF SOME PHYSICAL CONDITION MAKES IT IMPOSSIBLE TO OBTAIN PERFECT IMPRESSIONS, SUBMIT THE BEST THAT CAN BE OBTAINED.
- 8. EXAMINE THE COMPLETED PRINTS TO SEE IF THEY CAN BE CLASSIFIED, BEARING IN MIND THAT MOST FINGERPRINTS FALL INTO THE PATTERNS SHOWN ON THIS CARD (OTHER PATTERNS OCCUR INFREQUENTLY AND ARE NOT SHOWN HERE).

THIS CARD FOR USE BY:

- 1. LAW ENFORCEMENT AGENCIES IN FINGERPRINTING APPLI-CANTS 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.

INSTRUCTIONS:

- PRINTS MUST FIRST BE CHECKED THROUGH THE APPRO-PRIATE STATE IDENTIFICATION BUREAU, AND ONLY THOSE FINGER-PRINTS FOR WHICH NO DISQUALIFYING RECORD HAS BEEN FOUND LOCALLY SHOULD BE SUBMITTED FOR FBI SEARCH.
- 2. PRIVACY ACT OF 1974 (PL. 93-579) REQUIRES THAT FEDERAL STATE, OR LOCAL AGENCIES INFORM INDIVIDUALS WHOSE SOCIAL SECURITY NUMBER IS REQUESTED WHETHER SUCH DISCLOSURE IS MANDATORY OR VOLUNTARY, BASIS OF AUTHORITY FOR SUCH SOLICITATION AND USES WIHICH WILL BE MADE OF IT.
- ** 3. 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.
 - 4. 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).

LEAVE THIS SPACE BLANK