(Rev. 12-19-2011)

APPLICANT INFORMATION FORM

Accurate Biometrics
Live Scan Fingerprinting & Identity Services

PRIVACY ACT STATEMENT
The FBI's acquisition, retention, and sharing of information submitted on this form is generally authorized under 28 USC 534 and 28 CFR 16.30-16.34. The purpose for requesting this information from you is to provide the FBI with a minimum of identifying data to permit an accurate and timely search of criminal history identification records. Providing this information (including your Social Security Account Number) is voluntary; however, failure to provide the information may affect the completion of your request. The information reported on this form may be disclosed pursuant to your consent, and may also be disclosed by the FBI without your consent pursuant to the Privacy Act of 1974 and all applicable routine uses.
If you are not US Citizen or Permanent US Resident, you must make your request directly to the FBI.
If you require an Apostille, you must make your criminal history request directly to the FBI.

Applicant Information ** Denotes Required Fields*

* Last Name
* First Name
Middle Name

*Date of Birth
Last Four Digits of Social Security Number

Applicant Home Address

* Address	
* City	* State
* Postal (ZIP) Code	
* Country	

Phone Number
E-Mail – The email address must be clearly printed in CAPTIAL LETTERS so that we can send you your personal transaction control number after your prints have been processed. This personal tracking number is required if you want to retrieve your FBI criminal history using the internet:

U.S. Citizen or Legal Permanent Resident	☐ Yes ☐ No
Country of Citizenship:	Country of Residence:

Please indicate preferred method of sending your FBI report to you:
☐ Email notification for internet access ☐ US Mail

Mail Results to Address – The C/O name must be the name of the applicant or the applicant's attorney. The response cannot be sent to a third party

C/O	ATTN
Address	
City	State
Postal (ZIP) Code	Country
Phone Number (if different from above)	

Payment
☐ CASHIER'S CHECK / MONEY ORDER ☐ CREDIT CARD ☐ CASH

Reason for Request _____

*** APPLICANT SIGNATURE** _____ **DATE**_____

You may request a copy of your own identification record to review it or obtain a change, correction, or an update to the record.