

REQUEST FOR APPLICANT FBI NAME CHECK

This form is to be used by the submitting applicant agency to request an FBI name check when an applicant has had two transactions rejected due to poor quality fingerprints. Both rejections must be for the same applicant type and applicant title. An FBI name check must be requested within 90 days of the second rejection notice.

To: Bureau of Criminal Identification and Information
Applicant Processing Program – FBI Response Unit
P.O. Box 903417
Sacramento, CA 94203-4170
Phone: (916) 227-3823 Fax: (916) 227-3820

CONTRIBUTING AGENCY AND ADDRESS

Requestor: _____

Telephone Number: _____

Date: _____

APPLICANT INFORMATION (Must be the same information as entered on both rejected transactions)

Name: _____ Maiden Name/Alias: _____

Date of Birth: _____ Place of Birth: _____

Sex: _____ Height: _____ Weight: _____ Eyes: _____ Hair: _____

Social Security Number: _____ Miscellaneous Number: _____

FBI NAME CHECK REQUEST REPLY (for DOJ use only)

- The results of the FBI name check for this applicant are attached.
 - The name check request was not within 90 days of the second FBI rejection. The applicant must be reprinted.
 - One or more of the FBI rejections were due to data, not fingerprint quality. The applicant must be reprinted.
 - The transactions rejected by the FBI are for different applicant types and/or applicant titles.
 - Other _____
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DO NOT MODIFY THIS FORM