

**CHANNELING SUBMISSION INSTRUCTIONS:**

To ensure that your results are processed in a timely fashion, complete all of the steps below. Failure to provide all required information on the fingerprint cards and/or request form will delay processing time.

- 1) Print the below FD – 258 cards. Take them to a local sheriff/law enforcement agency to have fingerprints competed.
 - a. Ensure all information below is completed on the cards, in black ink, and that they have been signed and dated by you and the individual taking the fingerprints
 - i. Name (include any existing Aliases)
 - ii. Residence
 - iii. Citizenship
 - iv. Social Security Number
 - v. Sex
 - vi. Race
 - vii. Height
 - viii. Weight
 - ix. Eye Color
 - x. Hair Color
 - xi. Date of Birth
 - xii. Place of birth
- 2) Complete the DO Request form
 - a. Ensure all below fields are completed on the request form
 - i. Last name
 - ii. First name
 - iii. Date of Birth
 - iv. Social Security Number
 - v. Applicant Home Address (MUST be a US address)
 - vi. Citizenship Information
 - vii. Shipping information (results must be mailed to a US address)
 - viii. Number of Copies requested
 - ix. Payment information and total
 - x. Reason for submitting request
 - xi. Applicant Signature
- 3) Include Payment information
 - a. Each copy requested is \$45 US Dollars
 - i. Acceptable forms of payment, Check, Money Order, Credit Card (we do not except Discover)
- 4) Mail FD – 258, Request form, and method of payment to:
1486 Bethel Rd
Attn: FBI Channeling
Columbus, Ohio 43220



APPLICANT INFORMATION FORM

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.

Individuals can now request a copy of their own FBI criminal history record for the following reasons:

Under DO-556-73, an individual may obtain a copy of his/her FBI criminal identification record, upon request, for review and correction purposes, to challenge the information on record, or satisfy certain legal requirements such as a requirement for adopting a child; to satisfy a requirement to live in a foreign country; to satisfy a requirement to work in a foreign country, to satisfy a requirement to travel in a foreign country; and/or other court-related matters. A DO request CANNOT be submitted for employment and/or licensing.

Please Note: An FBI-approved Channeler may only process requests for a U.S. person (an individual who is a citizen of the U.S. or a lawful permanent resident of the U.S.); an FBI-approved Channeler cannot authenticate (apostille) fingerprint search results. A request for your FBI Identification Record or proof that a record does not exist must be submitted directly to the FBI if an apostille is needed; an FBI-approved Channeler cannot process a DO request for employment and/or licensing purposes within the United States. This type of request should be coordinated with the appropriate state identification bureau (or state police) for the correct procedures.

Applicant Information * Denotes Required Fields

* Last Name
* First Name
Middle Name 1
Middle Name 2
*Date of Birth
*Social Security Number

Applicant Home Address

* Address
* City
* State
* Postal (zip) Code
* Country
Phone Number
E-Mail

* U.S. Citizen or Legal Permanent Resident	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Country of Citizenship:	Country of Residence:	

Mail Results to U.S. Address

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

* Payment Enclosed (please check appropriate box)

<input type="checkbox"/> CHECK	<input type="checkbox"/> MONEY ORDER	(Please make checks/MO's payable to NBCI)
<input type="checkbox"/> CREDIT CARD (VISA, MC, AMEX):		

EXP. DATE: / CVV CODE: NAME AS IT APPEARS ON CARD:

* Number of Copies (fee is based on per person/per copy)

* 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.

Send this completed form along with your payment and fingerprint card (FD-258) to the address below:

NBCI
Attn: FBI Channeling
1486 Bethel Rd.
Bethel, Alaska 99576

APPLICANT

* See Privacy Act Notice on Back

LEAVE BLANK

TYPE OR PRINT ALL INFORMATION IN BLACK

LAST NAME FIRST NAME MIDDLE NAME

FBI LEAVE BLANK

FD-258 (REV.12-10-07)

SIGNATURE OF PERSON FINGERPRINTED

RESIDENCE OF PERSON FINGERPRINTED

DATE SIGNATURE OF OFFICIAL TAKING FINGERPRINTS

EMPLOYER AND ADDRESS

REASON FINGERPRINTED

ALIASES AKA

O
R
I

CITIZENSHIP CTZ

SEX

RACE

HGT.

WGT.

EYES

HAIR

DATE OF BIRTH
Month Day

DOB
Year

PLACE OF BIRTH

POB

YOUR NO. OCA

FBI NO. FBI

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

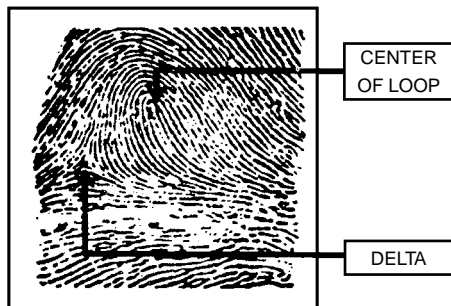
RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY

FEDERAL BUREAU OF INVESTIGATION

UNITED STATES DEPARTMENT OF JUSTICE

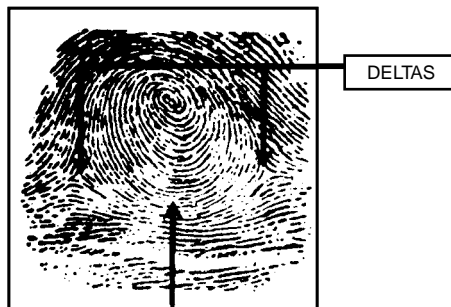
CJIS DIVISION/CLARKSBURG, WV 26306

1. LOOP



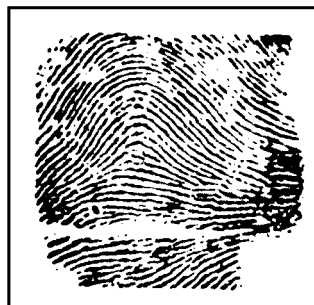
THE LINES BETWEEN CENTER OF LOOP AND DELTA MUST SHOW

2. WHORL



THESE LINES RUNNING BETWEEN DELTAS MUST BE CLEAR

3. ARCH



ARCHES HAVE NO DELTAS

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 criminal and 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 fingerprint cards are: originating agency identifier number - date of birth - place of birth - name - sex fingerprint impressions - any applicable state stamp - Other (race, height, weight, eye color, hair color)

* criminal fingerprint cards also require an arrest charge and date of arrest.

* civil fingerprint cards also require a reason fingerprinted and date fingerprinted

Do not use highlighters on fingerprint cards.

Do not enter data or labels within 'Leave Blank' areas.

Ensure the 'Reply Desired' field is checked when applicable (criminal only).

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 Identification and Investigative Services Section's Customer Service Group at (304) 625-5590 or by e-mail at cliaison@leo.gov.

PRIVACY ACT STATEMENT

Authority: The FBI's acquisition, preservation, and exchange of information requested by this form is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include numerous Federal statutes, hundreds of State statutes pursuant to Pub.L. 92-544, Presidential executive orders, regulations and/or orders of the Attorney General of the United States, or other authorized authorities. Examples include, but are not limited to: 5 U.S.C. 9101; Pub.L. 94-29; Pub.L. 101-604; and Executive Orders 10450 and 12968. Providing the requested information is voluntary; however, failure to furnish the information may affect timely completion or approval of your application.

Social Security Account Number (SSAN). Your SSAN is needed to keep records accurate because other people may have the same name and birth date. Pursuant to the Federal Privacy Act of 1974 (5 USC 552a), the requesting agency is responsible for informing you whether disclosure is mandatory or voluntary, by what statutory or other authority your SSAN is solicited, and what uses will be made of it. Executive Order 9397 also asks Federal agencies to use this number to help identify individuals in agency records.

Principal Purpose: Certain determinations, such as employment, security, licensing, and adoption, may be predicated on fingerprint-based checks. Your fingerprints and other information contained on (and along with) this form may be submitted to the requesting agency, the agency conducting the application investigation, and/or FBI for the purpose of comparing the submitted information to available records in order to identify other information that may be pertinent to the application. During the processing of this application, and for as long hereafter as may be relevant to the activity for which this application is being submitted, the FBI may disclose any potentially pertinent information to the requesting agency and/or to the agency conducting the investigation. The FBI may also retain the submitted information in the FBI's permanent collection of fingerprints and related information, where it will be subject to comparisons against other submissions received by the FBI. Depending on the nature of your application, the requesting agency and/or the agency conducting the application investigation may also retain the fingerprints and other submitted information for other authorized purposes of such agency(ies).

Routine Uses: The fingerprints and information reported on this form may be disclosed pursuant to your consent, and may also be disclosed by the FBI without your consent as permitted by the Federal Privacy Act of 1974 (5 USC 552a(b)) and all applicable routine uses as may be published at any time in the Federal Register, including the routine uses for the FBI Fingerprint Identification Records System (Justice/FBI-009) and the FBI's Blanket Routine Uses (Justice/FBI-BRU). Routine uses include, but are not limited to, disclosures to: appropriate governmental authorities responsible for civil or criminal law enforcement, counterintelligence, national security or public safety matters to which the information may be relevant; to State and local governmental agencies and nongovernmental entities for application processing as authorized by Federal and State legislation, executive order, or regulation, including employment, security, licensing, and adoption checks; and as otherwise authorized by law, treaty, executive order, regulation, or other lawful authority. If other agencies are involved in processing this application, they may have additional routine uses.

Additional Information: The requesting agency and/or the agency conducting the application-investigation will provide you additional information pertinent to the specific circumstances of this application, which may include identification of other authorities, purposes, uses, and consequences of not providing requested information. In addition, any such agency in the Federal Executive Branch has also published notice in the Federal Register describing any system(s) of records in which that agency may also maintain your records, including the authorities, purposes, and routine uses for the system(s).

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.
 3. 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).