



## 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 \$34** (please check appropriate box)

CHECK       MONEY ORDER      (Please make checks/MO's payable to NBCI)

CREDIT CARD (VISA, MC, AMEX): \_\_\_\_\_ CREDIT CARD #: \_\_\_\_\_

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.  
Columbus, Ohio 43220