

<b>APPLICANT</b>		LEAVE BLANK		TYPE OR PRINT ALL INFORMATION IN BLACK				LEAVE BLANK	
				LAST NAME <u>NAM</u>	FIRST NAME	MIDDLE NAME	FBI		
SIGNATURE OF PERSON FINGERPRINTED		ALIASES <u>AKA</u>		O R I				DATE OF BIRTH <u>DOB</u>	
RESIDENCE OF PERSON FINGERPRINTED					Month	Day	Year		
DATE	SIGNATURE OF OFFICIAL TAKING FINGERPRINTS		CITIZENSHIP <u>CTZ</u>	SEX	RACE	HGT.	WGT.	EYES	
EMPLOYER AND ADDRESS		YOUR NO. <u>OCA</u>		LEAVE BLANK					HAIR
REASON FINGERPRINTED		FBI NO. <u>FBI</u>		CLASS _____					PLACE OF BIRTH <u>POB</u>
		ARMED FORCES NO. <u>MNU</u>		REF. _____					
		SOCIAL SECURITY NO. <u>SOC</u>							
		MISCELLANEOUS NO. <u>MNU</u>							

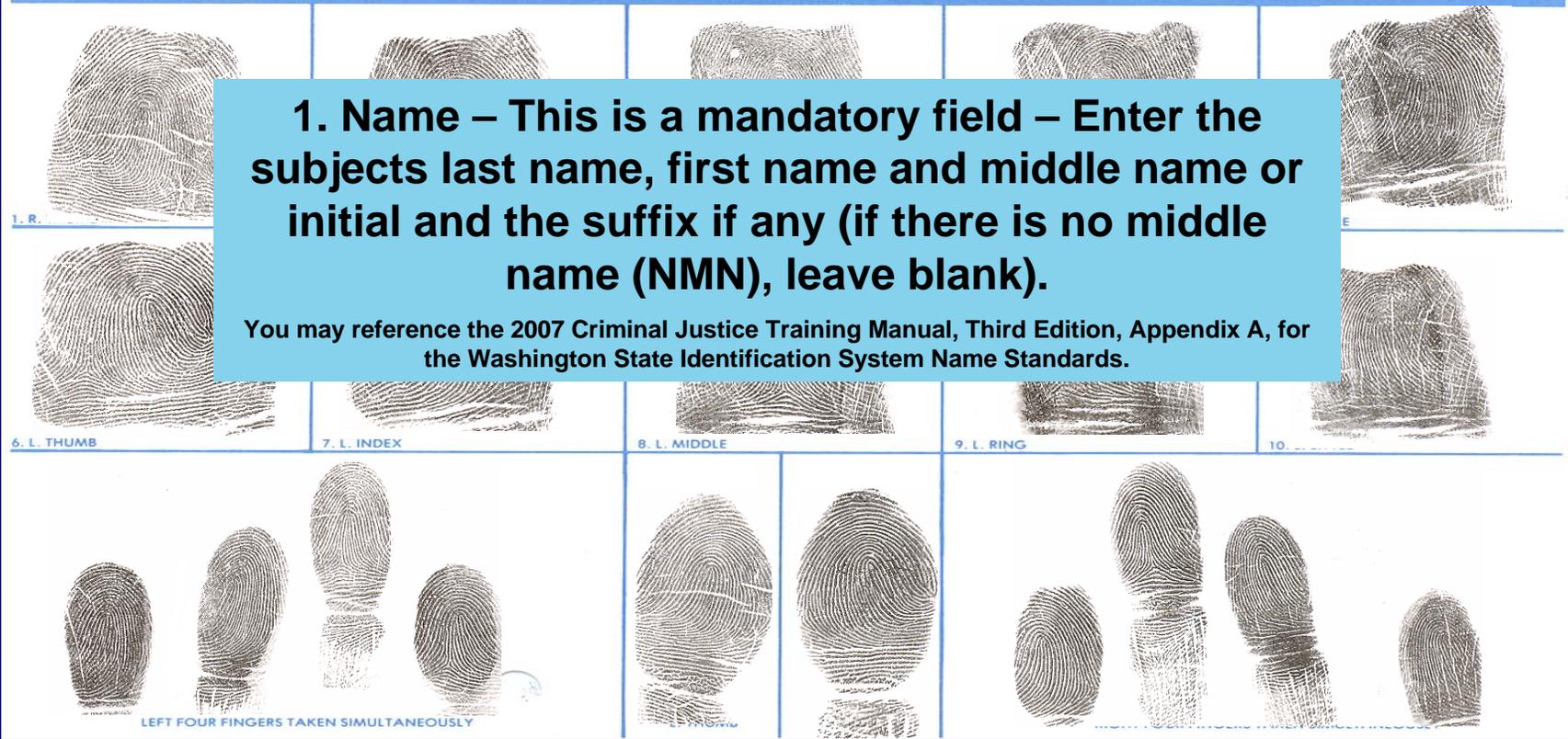
# Applicant Fingerprint Card Completion

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

<b>APPLICANT</b>		LEAVE BLANK	TYPE OR PRINT ALL INFORMATION IN BLACK				FBI	LEAVE BLANK
			LAST NAME <u>NAM</u>	FIRST NAME	MIDDLE NAME			
			<b>1. Last First Middle Suffix</b>					
SIGNATURE OF PERSON FINGERPRINTED		ALIASES <u>AKA</u>	O R I				DATE OF BIRTH <u>DOB</u> Month Day Year	
RESIDENCE OF PERSON FINGERPRINTED							PLACE OF BIRTH <u>POB</u>	
DATE	SIGNATURE OF OFFICIAL TAKING FINGERPRINTS	CITIZENSHIP <u>CTZ</u>	SEX	RACE	HGT.	WGT.	EYES	HAIR
EMPLOYER AND ADDRESS		YOUR NO. <u>OCA</u>	LEAVE BLANK					
REASON FINGERPRINTED		FBI NO. <u>FBI</u>	CLASS _____					
		ARMED FORCES NO. <u>MNU</u>	REF. _____					
		SOCIAL SECURITY NO. <u>SOC</u>						
		MISCELLANEOUS NO. <u>MNU</u>						

**1. Name – This is a mandatory field – Enter the subjects last name, first name and middle name or initial and the suffix if any (if there is no middle name (NMN), leave blank).**

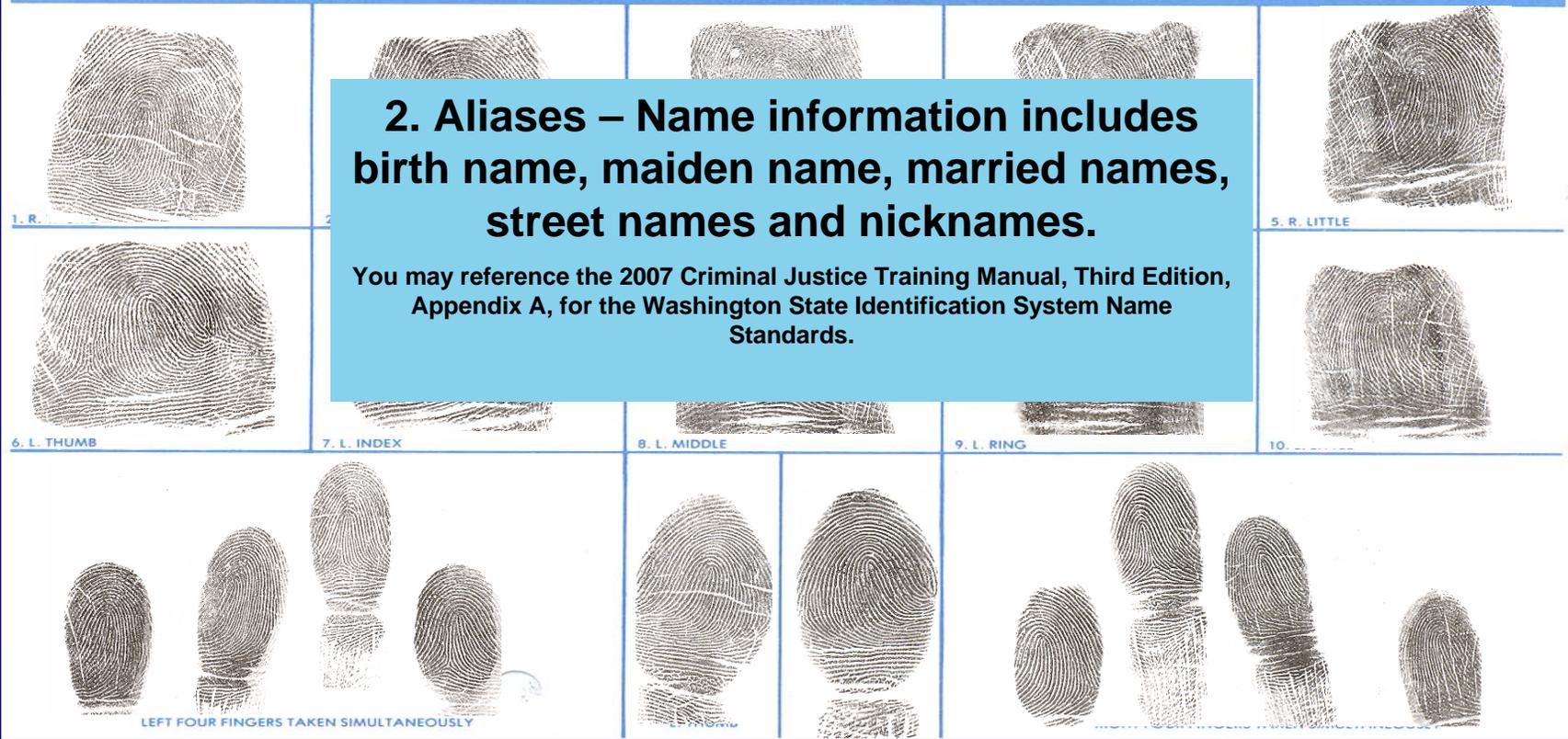
You may reference the 2007 Criminal Justice Training Manual, Third Edition, Appendix A, for the Washington State Identification System Name Standards.



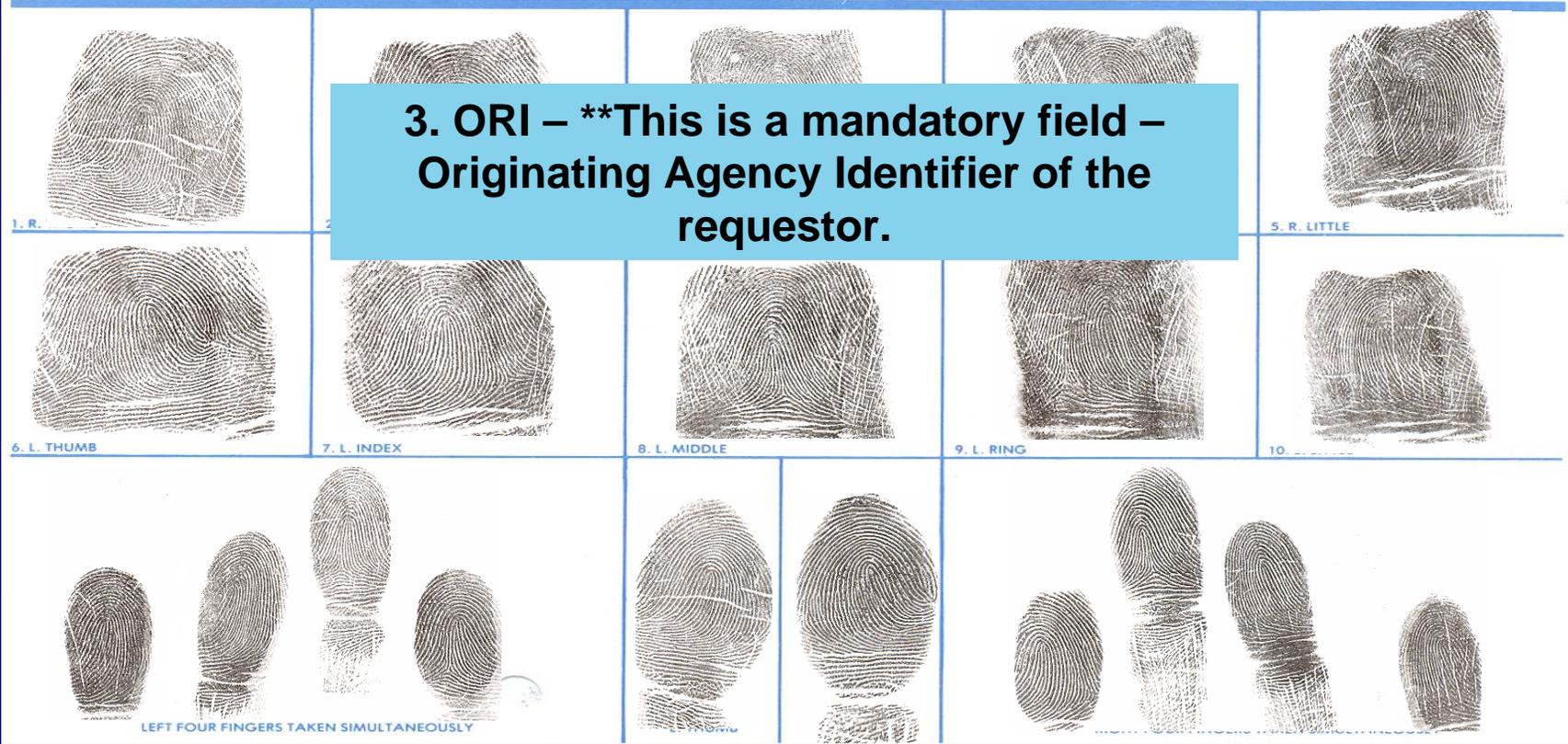
<b>APPLICANT</b>		LEAVE BLANK	TYPE OR PRINT ALL INFORMATION IN BLACK				FBI	LEAVE BLANK	
SIGNATURE OF PERSON FINGERPRINTED		ALIASES <u>AKA</u>	LAST NAME <u>NAM</u>	FIRST NAME	MIDDLE NAME				
RESIDENCE OF PERSON FINGERPRINTED		<b>2. Alias Names</b>	OR I				DATE OF BIRTH <u>DOB</u> Month Day Year		
DATE	SIGNATURE OF OFFICIAL TAKING FINGERPRINTS		CITIZENSHIP <u>CTZ</u>	SEX	RACE	HGT.	WGT.	EYES	HAIR
EMPLOYER AND ADDRESS		YOUR NO. <u>OCA</u>	LEAVE BLANK						
REASON FINGERPRINTED		FBI NO. <u>FBI</u>	CLASS _____						
		ARMED FORCES NO. <u>MNU</u>	REF. _____						
		SOCIAL SECURITY NO. <u>SOC</u>							
		MISCELLANEOUS NO. <u>MNU</u>							

**2. Aliases – Name information includes birth name, maiden name, married names, street names and nicknames.**

You may reference the 2007 Criminal Justice Training Manual, Third Edition, Appendix A, for the Washington State Identification System Name Standards.



<b>APPLICANT</b>		LEAVE BLANK	TYPE OR PRINT ALL INFORMATION IN BLACK				FBI	LEAVE BLANK
SIGNATURE OF PERSON FINGERPRINTED		ALIASES <u>AKA</u>	LAST NAME <u>NAM</u>	FIRST NAME	MIDDLE NAME			
RESIDENCE OF PERSON FINGERPRINTED		CITIZENSHIP <u>CTZ</u>	<b>3. Contributor</b>				DATE OF BIRTH <u>DOB</u> Month Day Year	
DATE	SIGNATURE OF OFFICIAL TAKING FINGERPRINTS						SEX	RACE
EMPLOYER AND ADDRESS		YOUR NO. <u>OCA</u>	LEAVE BLANK					
REASON FINGERPRINTED		FBI NO. <u>FBI</u>	CLASS _____					
		ARMED FORCES NO. <u>MNU</u>	REF. _____					
		SOCIAL SECURITY NO. <u>SOC</u>						
		MISCELLANEOUS NO. <u>MNU</u>						

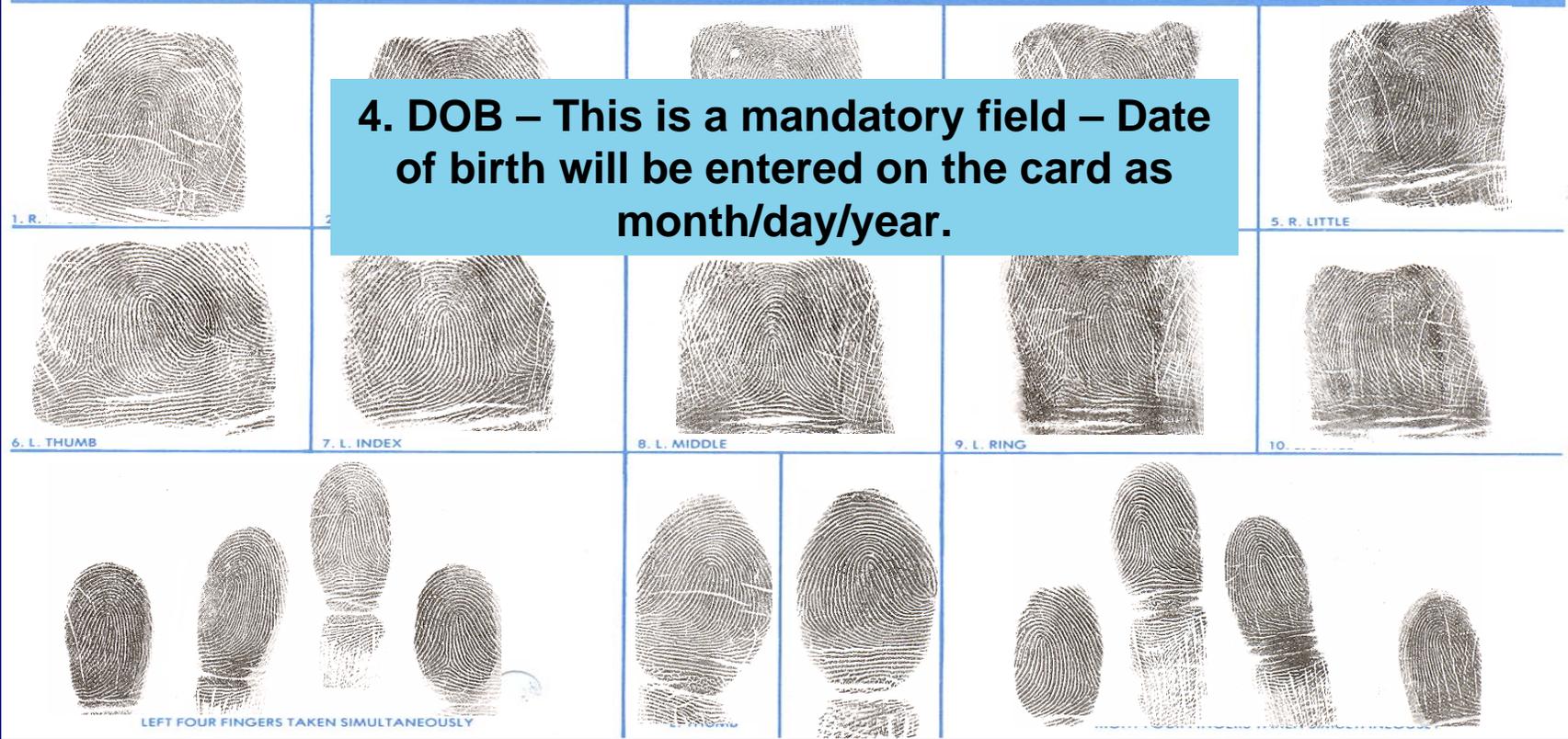


**3. ORI – \*\*This is a mandatory field – Originating Agency Identifier of the requestor.**

<b>APPLICANT</b>		LEAVE BLANK	TYPE OR PRINT ALL INFORMATION IN BLACK				FBI	LEAVE BLANK	
SIGNATURE OF PERSON FINGERPRINTED		ALIASES <u>AKA</u>	LAST NAME <u>NAM</u>	FIRST NAME	MIDDLE NAME	OR I			
RESIDENCE OF PERSON FINGERPRINTED		CITIZENSHIP <u>CTZ</u>	SEX		RACE	HGT.	WGT.	EYES	HAIR
DATE	SIGNATURE OF OFFICIAL TAKING FINGERPRINTS		YOUR NO. <u>OCA</u>		DATE OF BIRTH <u>DOB</u> Month Day Year				
EMPLOYER AND ADDRESS		FBI NO. <u>FBI</u>	LEAVE BLANK						
REASON FINGERPRINTED		ARMED FORCES NO. <u>MNU</u>	CLASS _____		REF. _____				
		SOCIAL SECURITY NO. <u>SOC</u>							
		MISCELLANEOUS NO. <u>MNU</u>							

**4. DOB**

**4. DOB – This is a mandatory field – Date of birth will be entered on the card as month/day/year.**



<b>APPLICANT</b>		LEAVE BLANK	TYPE OR PRINT ALL INFORMATION IN BLACK LAST NAME <u>NAM</u> FIRST NAME _____ MIDDLE NAME _____				FBI	LEAVE BLANK
SIGNATURE OF PERSON FINGERPRINTED		RESIDENCE OF PERSON FINGERPRINTED	ALIASES <u>AKA</u>	O R I	SEX _____ RACE _____ HGT. _____ WGT. _____ EYES _____ HAIR _____			DATE OF BIRTH <u>DOB</u> Month _____ Day _____ Year _____
DATE	SIGNATURE OF OFFICIAL TAKING FINGERPRINTS		CITIZENSHIP <u>CTZ</u>		5. Citizenship			PLACE OF BIRTH <u>POB</u>
EMPLOYER AND ADDRESS			YOUR NO. <u>OCA</u>	LEAVE BLANK				
REASON FINGERPRINTED			FBI NO. <u>FBI</u>	CLASS _____				
			ARMED FORCES NO. <u>MNU</u>	REF. _____				
			SOCIAL SECURITY NO. <u>SOC</u>					
			MISCELLANEOUS NO. <u>MNU</u>					



**5. Citizenship – This is a mandatory field only when requesting a fingerprint background inquiry for a concealed pistol license or alien firearm license – Enter the citizenship of the person being fingerprinted.**

<b>APPLICANT</b>		LEAVE BLANK	TYPE OR PRINT ALL INFORMATION IN BLACK			FBI	LEAVE BLANK
			LAST NAME <u>NAM</u>	FIRST NAME	MIDDLE NAME		
SIGNATURE OF PERSON FINGERPRINTED		ALIASES <u>AKA</u>		O R I			
RESIDENCE OF PERSON FINGERPRINTED					DATE OF BIRTH <u>DOB</u> Month Day Year		
DATE	SIGNATURE OF OFFICIAL TAKING FINGERPRINTS		CITIZENSHIP <u>CTZ</u>	SEX	RACE	HGT.	WGT.
EMPLOYER AND ADDRESS		YOUR NO. <u>OCA</u>		EYES	HAIR	PLACE OF BIRTH <u>POB</u>	
REASON FINGERPRINTED		FBI NO. <u>FBI</u>		LEAVE BLANK			
		ARMED FORCES NO. <u>MNU</u>		CLASS _____			
		SOCIAL SECURITY NO. <u>SOC</u>		REF. _____			
		MISCELLANEOUS NO. <u>MNU</u>					

## 6. Physical Descriptors

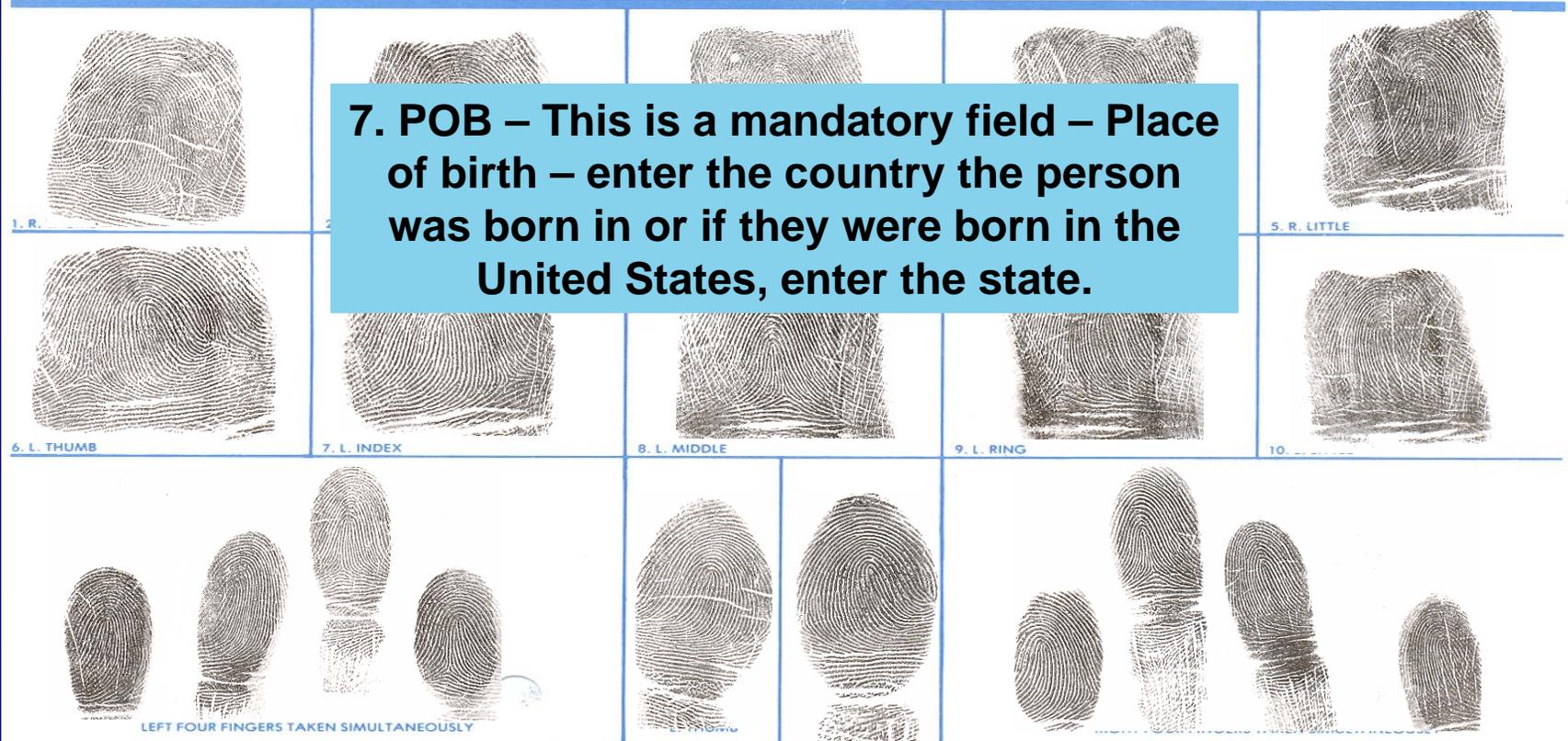
**6. Physical Descriptors – This is a mandatory field – The sex, race, eye color, and hair color should be entered using National Crime Information Center (NCIC) abbreviations. The height is entered as feet and inches and the weight entered as pounds.**

NCIC Physical Descriptor abbreviations may be found in the 2007 Criminal Justice Training Manual, Third Edition, Appendix B.

				
1. R.	2. L. INDEX	3. L. MIDDLE	4. L. RING	5. L. RING
				
6. L. THUMB	7. L. INDEX		8. L. MIDDLE	9. L. RING
				
10. L. RING				

LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY

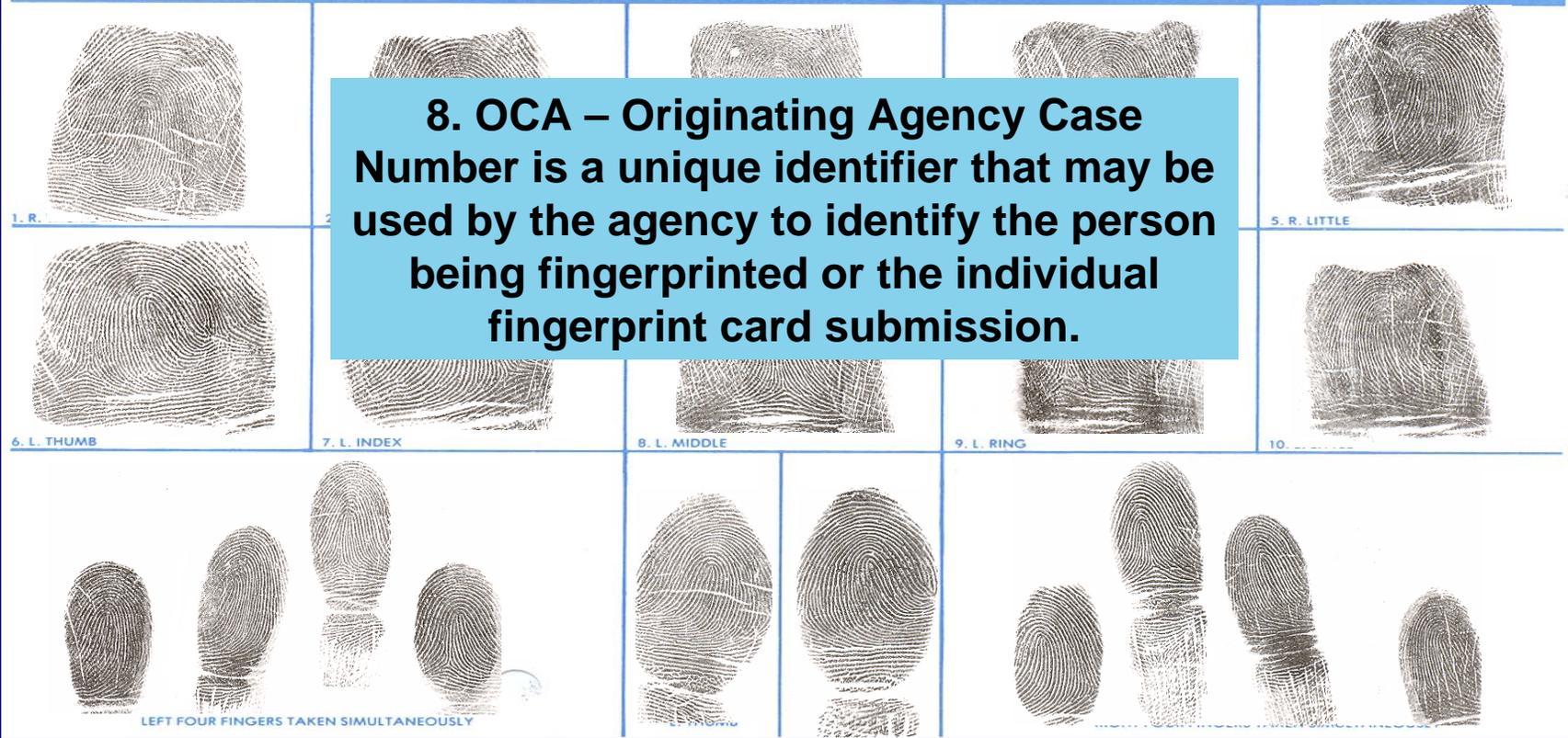
<b>APPLICANT</b>		LEAVE BLANK	TYPE OR PRINT ALL INFORMATION IN BLACK				FBI	LEAVE BLANK	
			LAST NAME <u>NAM</u>	FIRST NAME	MIDDLE NAME				
SIGNATURE OF PERSON FINGERPRINTED		ALIASES <u>AKA</u>		O R I				DATE OF BIRTH <u>DOB</u> Month Day Year	
RESIDENCE OF PERSON FINGERPRINTED								PLACE OF BIRTH <u>POB</u> <b>7. POB</b>	
DATE	SIGNATURE OF OFFICIAL TAKING FINGERPRINTS		CITIZENSHIP <u>CTZ</u>	SEX	RACE	HGT.	WGT.	EYES	HAIR
EMPLOYER AND ADDRESS		YOUR NO. <u>OCA</u>		LEAVE BLANK					
REASON FINGERPRINTED		FBI NO. <u>FBI</u>		CLASS _____					
		ARMED FORCES NO. <u>MNU</u>		REF. _____					
		SOCIAL SECURITY NO. <u>SOC</u>							
		MISCELLANEOUS NO. <u>MNU</u>							



**7. POB – This is a mandatory field – Place of birth – enter the country the person was born in or if they were born in the United States, enter the state.**

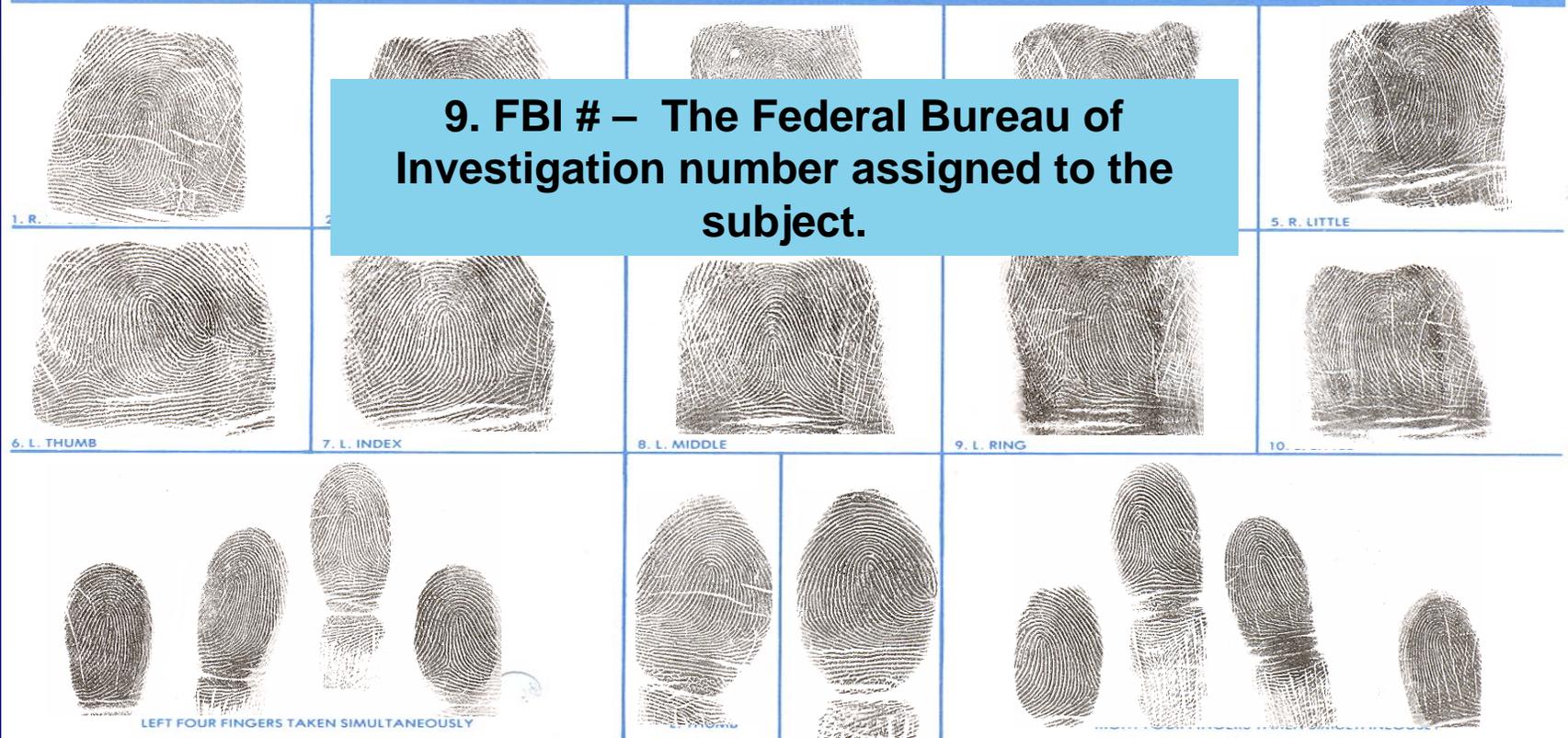
<b>APPLICANT</b>		LEAVE BLANK	TYPE OR PRINT ALL INFORMATION IN BLACK				FBI	LEAVE BLANK	
SIGNATURE OF PERSON FINGERPRINTED		LAST NAME <u>NAM</u>	FIRST NAME	MIDDLE NAME					
RESIDENCE OF PERSON FINGERPRINTED		ALIASES <u>AKA</u>	O R I				DATE OF BIRTH <u>DOB</u> Month Day Year		
DATE	SIGNATURE OF OFFICIAL TAKING FINGERPRINTS	CITIZENSHIP <u>CTZ</u>		SEX	RACE	HGT.	WGT.	EYES	HAIR
EMPLOYER AND ADDRESS		YOUR NO. <u>OCA</u>	LEAVE BLANK						
REASON FINGERPRINTED		FBI NO. <u>FBI</u>	CLASS _____						
		ARMED FORCES NO. <u>MNU</u>	REF. _____						
		SOCIAL SECURITY NO. <u>SOC</u>							
		MISCELLANEOUS NO. <u>MNU</u>							

**8. OCA – Originating Agency Case Number is a unique identifier that may be used by the agency to identify the person being fingerprinted or the individual fingerprint card submission.**



<b>APPLICANT</b>		LEAVE BLANK		TYPE OR PRINT ALL INFORMATION IN BLACK				FBI		LEAVE BLANK	
SIGNATURE OF PERSON FINGERPRINTED		LAST NAME <u>NAM</u>		FIRST NAME		MIDDLE NAME					
RESIDENCE OF PERSON FINGERPRINTED		ALIASES <u>AKA</u>		O R I				DATE OF BIRTH <u>DOB</u>		Month Day Year	
DATE		CITIZENSHIP <u>CTZ</u>				SEX		RACE		HGT.	
EMPLOYER AND ADDRESS		YOUR NO. <u>OCA</u>				EYES		HAIR		PLACE OF BIRTH <u>POB</u>	
REASON FINGERPRINTED		FBI NO. <u>FBI</u>				LEAVE BLANK					
		<b>9. FBI</b>									
		ARMED FORCES NO. <u>MNU</u>									
		SOCIAL SECURITY NO. <u>SOC</u>				CLASS		REF.			
		MISCELLANEOUS NO. <u>MNU</u>									

**9. FBI # – The Federal Bureau of Investigation number assigned to the subject.**



**APPLICANT**

LEAVE BLANK

TYPE OR PRINT ALL INFORMATION IN BLACK  
LAST NAME NAM FIRST NAME \_\_\_\_\_ MIDDLE NAME \_\_\_\_\_

FBI LEAVE BLANK

SIGNATURE OF PERSON FINGERPRINTED

ALIASES AKA

O  
R  
I

RESIDENCE OF PERSON FINGERPRINTED

DATE OF BIRTH DOB  
Month Day Year

DATE SIGNATURE OF OFFICIAL TAKING FINGERPRINTS

CITIZENSHIP CTZ

SEX RACE HGT. WGT. EYES HAIR PLACE OF BIRTH POB

EMPLOYER AND ADDRESS

YOUR NO. OCA

LEAVE BLANK

REASON FINGERPRINTED

FBI NO. FBI

CLASS \_\_\_\_\_

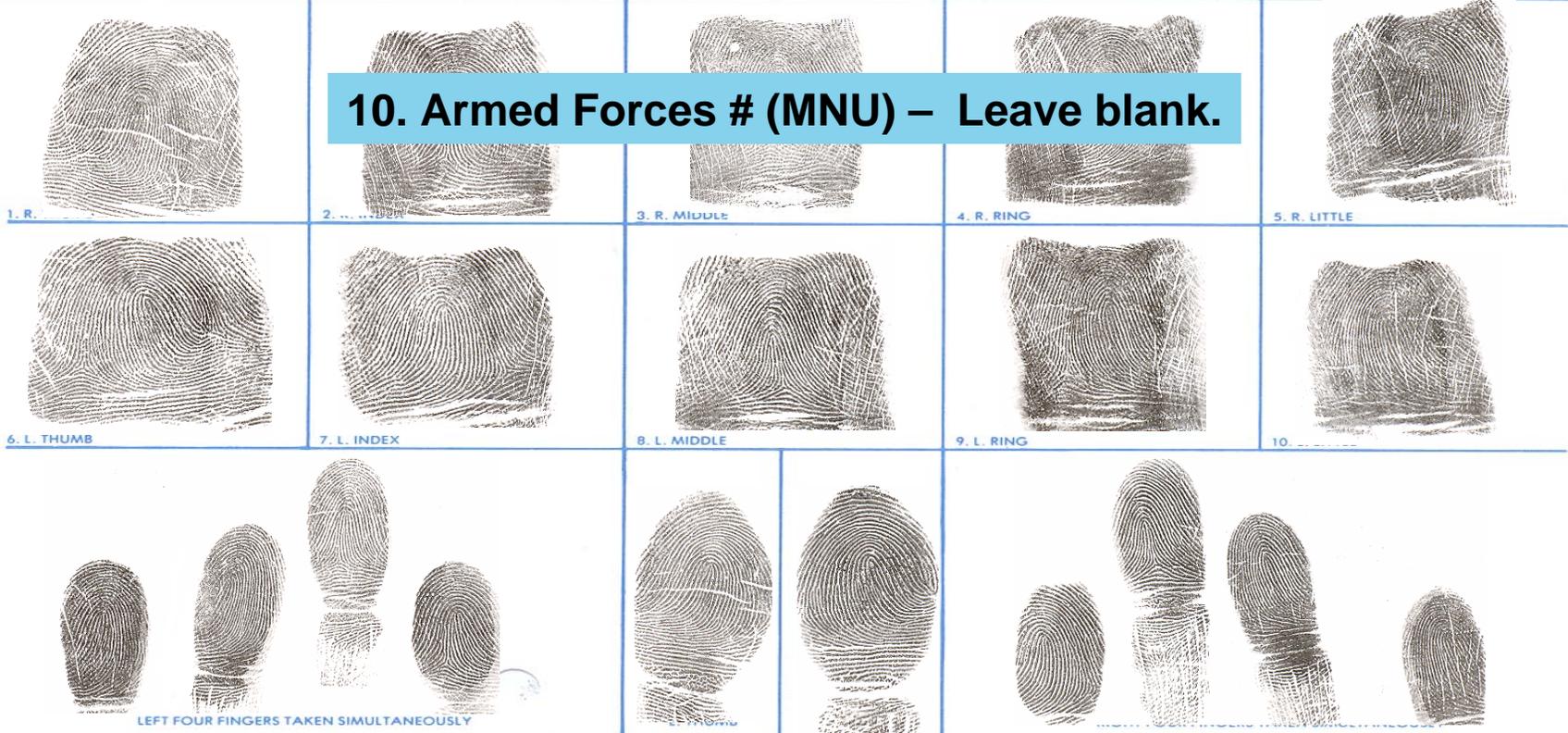
ARMED FORCES NO. MNU  
**10. MNU**

SOCIAL SECURITY NO. SOC

REF. \_\_\_\_\_

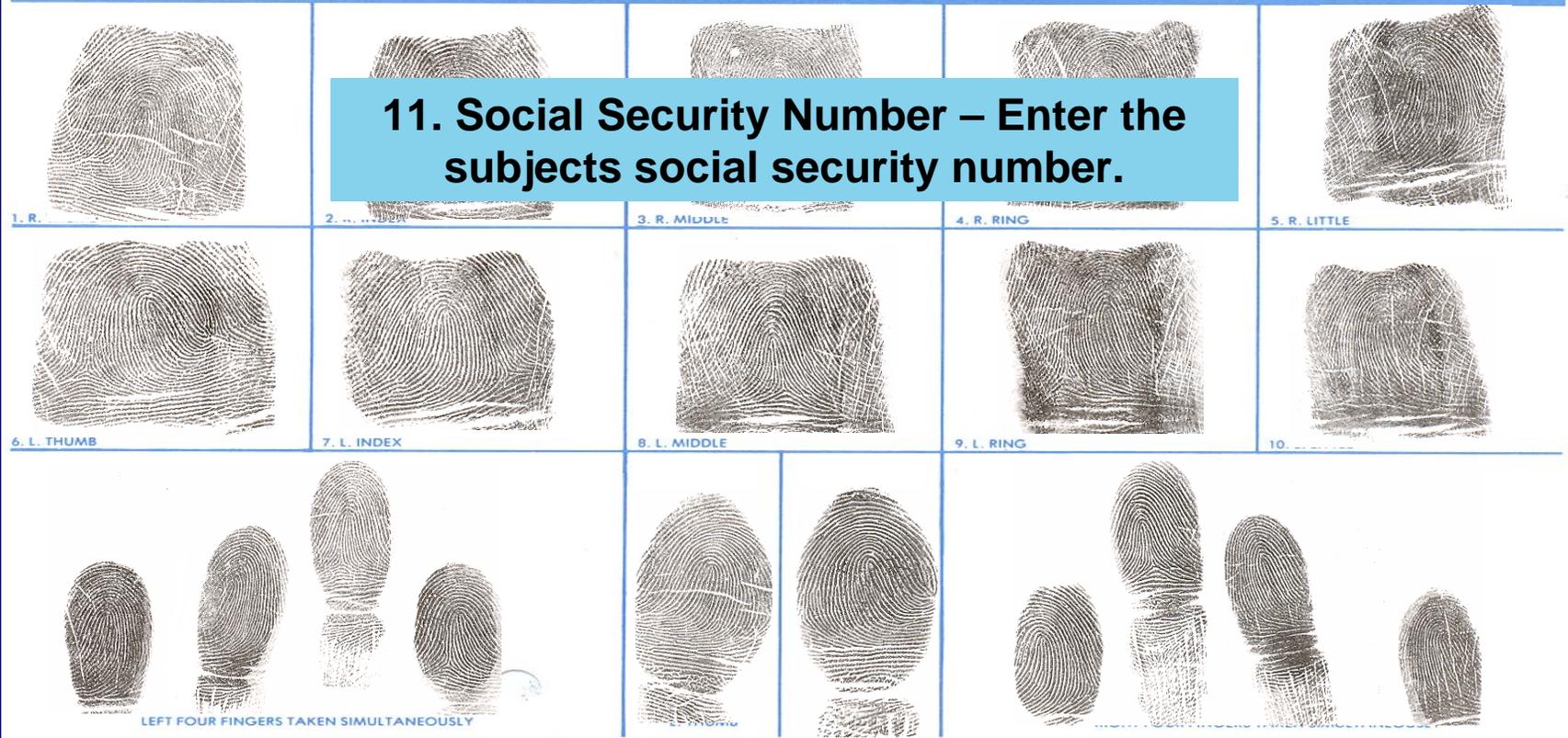
MISCELLANEOUS NO. MNU

**10. Armed Forces # (MNU) – Leave blank.**



<b>APPLICANT</b>		LEAVE BLANK		TYPE OR PRINT ALL INFORMATION IN BLACK				FBI		LEAVE BLANK	
SIGNATURE OF PERSON FINGERPRINTED		ALIASES <u>AKA</u>		LAST NAME <u>NAM</u>		FIRST NAME		MIDDLE NAME		DATE OF BIRTH <u>DOB</u> Month Day Year	
RESIDENCE OF PERSON FINGERPRINTED		CITIZENSHIP <u>CTZ</u>		SEX		RACE		HGT.		WGT.	
DATE		SIGNATURE OF OFFICIAL TAKING FINGERPRINTS		YOUR NO. <u>OCA</u>		EYES		HAIR		PLACE OF BIRTH <u>POB</u>	
EMPLOYER AND ADDRESS		FBI NO. <u>FBI</u>		ARMED FORCES NO. <u>MNU</u>		SOCIAL SECURITY NO. <u>SOC</u>		MISCELLANEOUS NO. <u>MNU</u>		LEAVE BLANK	
REASON FINGERPRINTED		11. 000-00-0000		CLASS		REF.					

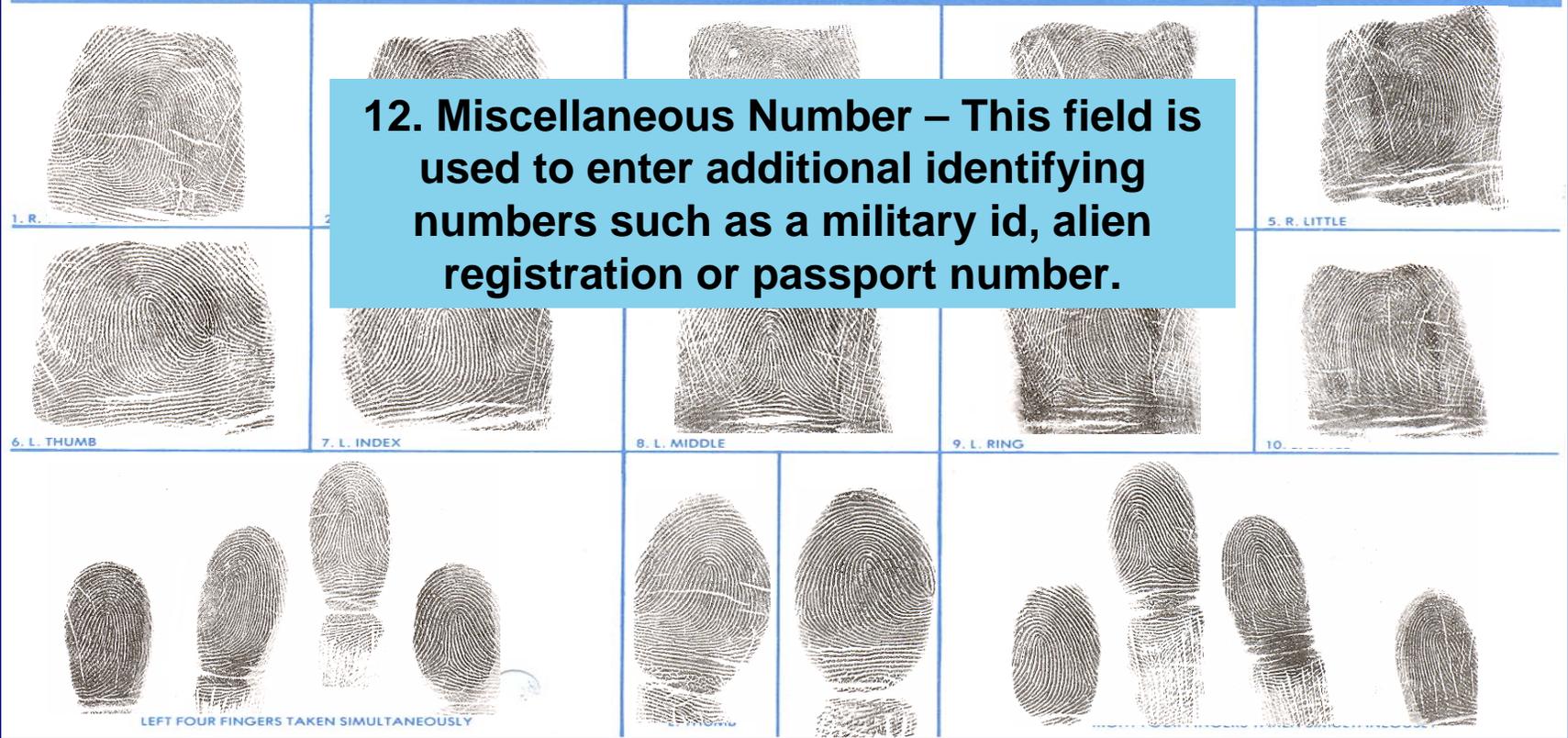
**11. Social Security Number – Enter the subjects social security number.**



<b>APPLICANT</b>		LEAVE BLANK	TYPE OR PRINT ALL INFORMATION IN BLACK				FBI	LEAVE BLANK		
			LAST NAME <u>NAM</u>	FIRST NAME	MIDDLE NAME					
SIGNATURE OF PERSON FINGERPRINTED			ALIASES <u>AKA</u>	O R I				DATE OF BIRTH <u>DOB</u> Month Day Year		
RESIDENCE OF PERSON FINGERPRINTED					SEX	RACE	HGT.	WGT.	EYES	HAIR
DATE	SIGNATURE OF OFFICIAL TAKING FINGERPRINTS		CITIZENSHIP <u>CTZ</u>	LEAVE BLANK						
EMPLOYER AND ADDRESS			YOUR NO. <u>OCA</u>	CLASS _____						
REASON FINGERPRINTED			FBI NO. <u>FBI</u>	REF. _____						
			ARMED FORCES NO. <u>MNU</u>							
			SOCIAL SECURITY NO. <u>SOC</u>							
			MISCELLANEOUS NO. <u>MNU</u>							

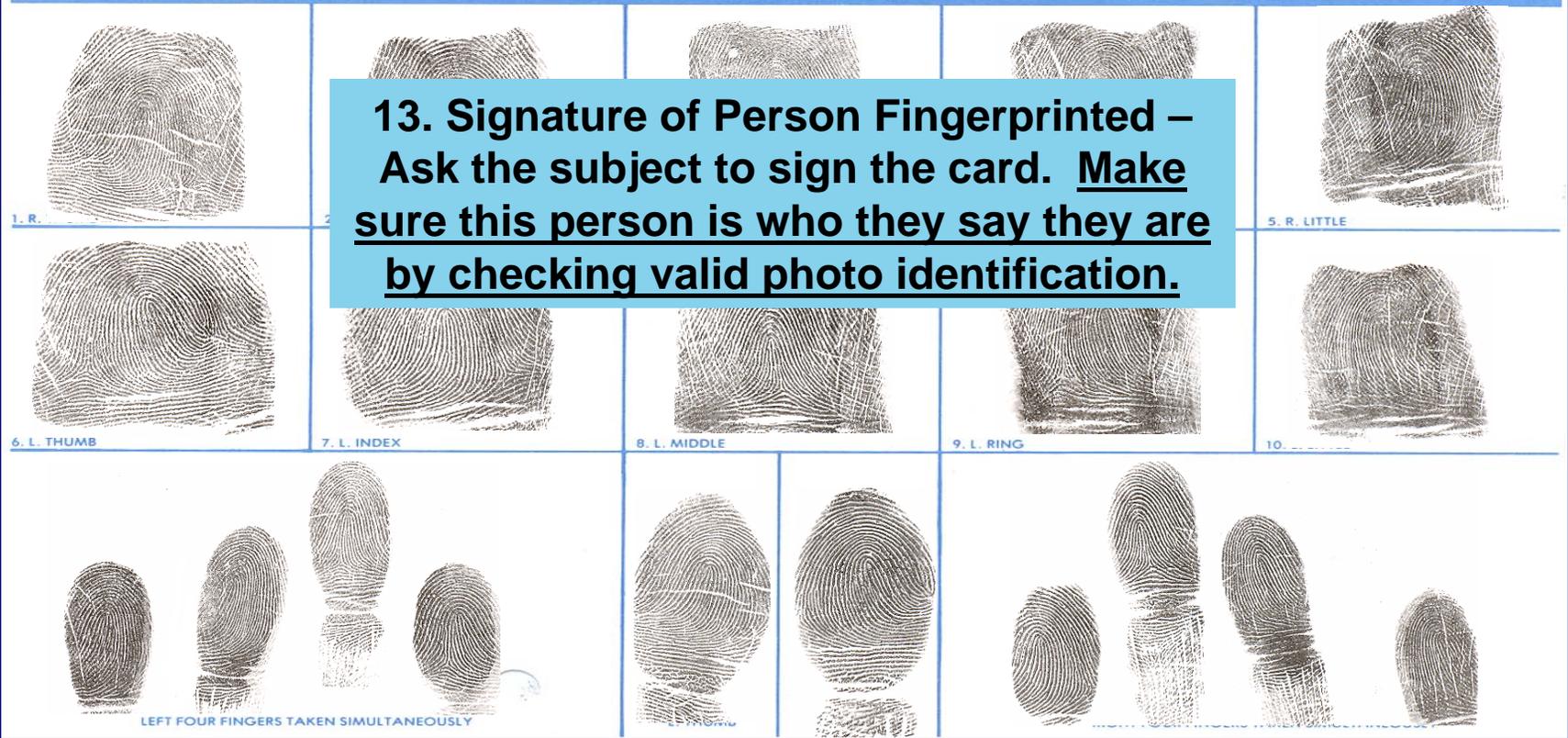
**12. MNU**

**12. Miscellaneous Number – This field is used to enter additional identifying numbers such as a military id, alien registration or passport number.**



<b>APPLICANT</b>		LEAVE BLANK	TYPE OR PRINT ALL INFORMATION IN BLACK			FBI	LEAVE BLANK
SIGNATURE OF PERSON FINGERPRINTED		ALIASES <u>AKA</u>	LAST NAME <u>NAM</u>	FIRST NAME	MIDDLE NAME	DATE OF BIRTH <u>DOB</u> Month Day Year	
<b>13. Signature</b>		O R I	CITIZENSHIP <u>CTZ</u>			SEX	RACE
RESIDENCE OF PERSON FINGERPRINTED			YOUR NO. <u>OCA</u>	HGT.	WGT.	EYES	HAIR
DATE	SIGNATURE OF OFFICIAL TAKING FINGERPRINTS	FBI NO. <u>FBI</u>	PLACE OF BIRTH <u>POB</u>				
EMPLOYER AND ADDRESS		ARMED FORCES NO. <u>MNU</u>	LEAVE BLANK				
REASON FINGERPRINTED		SOCIAL SECURITY NO. <u>SOC</u>	CLASS _____				
		MISCELLANEOUS NO. <u>MNU</u>	REF. _____				

**13. Signature of Person Fingerprinted – Ask the subject to sign the card. Make sure this person is who they say they are by checking valid photo identification.**



<b>APPLICANT</b>		LEAVE BLANK	TYPE OR PRINT ALL INFORMATION IN BLACK				FBI	LEAVE BLANK
SIGNATURE OF PERSON FINGERPRINTED		ALIASES <u>AKA</u>	LAST NAME <u>NAM</u>	FIRST NAME	MIDDLE NAME	OR I		
RESIDENCE OF PERSON FINGERPRINTED		CITIZENSHIP <u>CTZ</u>	SEX	RACE	HGT.	WGT.	EYES	HAIR
<b>14. Subject's Address</b>		YOUR NO. <u>OCA</u>	DATE OF BIRTH <u>DOB</u> Month Day Year		PLACE OF BIRTH <u>POB</u>			
DATE	SIGNATURE OF OFFICIAL TAKING FINGERPRINTS	FBI NO. <u>FBI</u>	LEAVE BLANK					
EMPLOYER AND ADDRESS		ARMED FORCES NO. <u>MNU</u>	CLASS _____					
REASON FINGERPRINTED		SOCIAL SECURITY NO. <u>SOC</u>	REF. _____					
		MISCELLANEOUS NO. <u>MNU</u>						

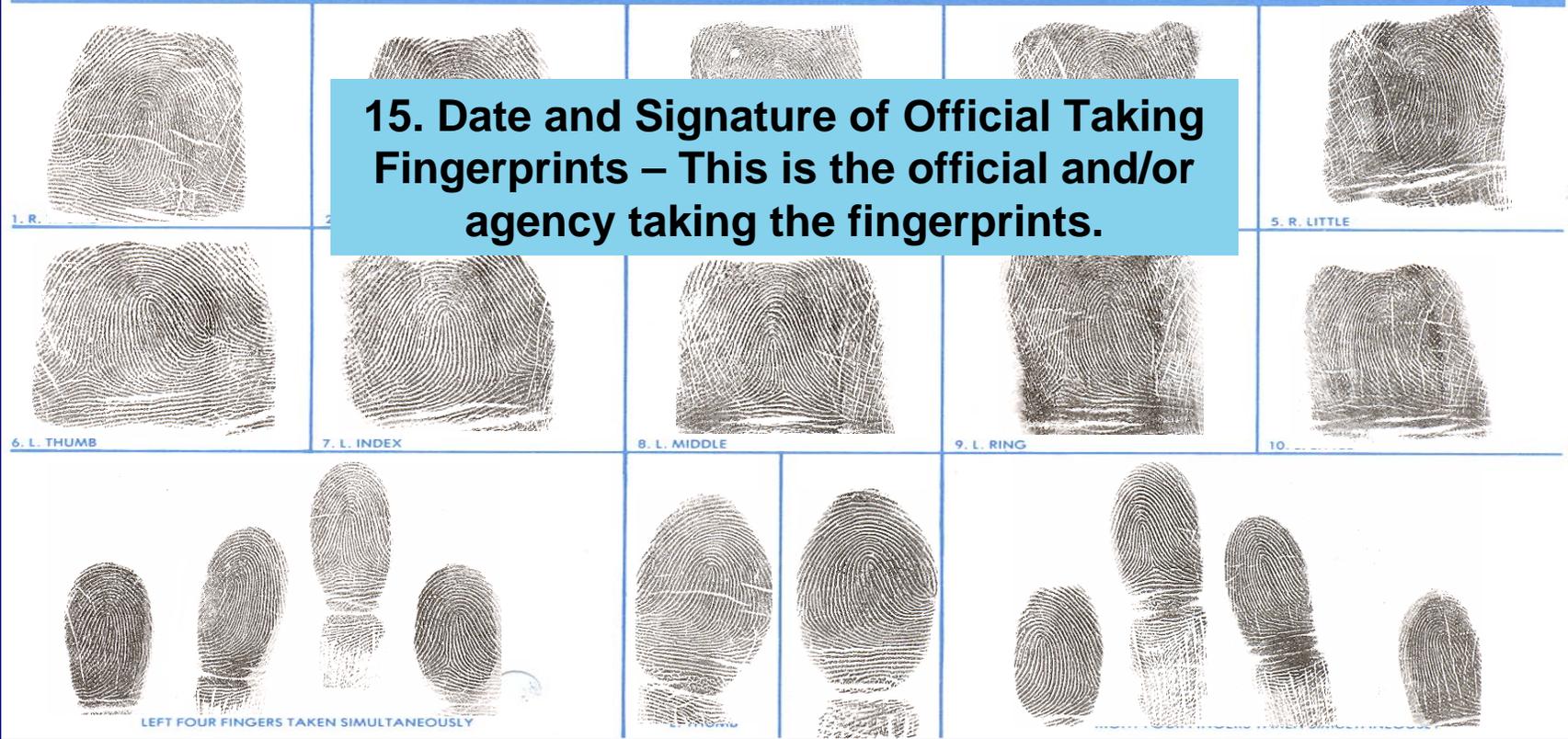
**14. Residence of Person Fingerprinted –**  
**\*\*This is a mandatory field – Enter the**  
**subjects address.**



<b>APPLICANT</b>		LEAVE BLANK		TYPE OR PRINT ALL INFORMATION IN BLACK				FBI		LEAVE BLANK	
SIGNATURE OF PERSON FINGERPRINTED		LAST NAME <u>NAM</u>		FIRST NAME		MIDDLE NAME					
RESIDENCE OF PERSON FINGERPRINTED		ALIASES <u>AKA</u>		O R I				DATE OF BIRTH <u>DOB</u>		Month Day Year	
DATE		CITIZENSHIP <u>CTZ</u>				SEX		RACE		HGT.	
SIGNATURE OF OFFICIAL TAKING FINGERPRINTS		YOUR NO. <u>OCA</u>		FBI NO. <u>FBI</u>		ARMED FORCES NO. <u>MNU</u>		SOCIAL SECURITY NO. <u>SOC</u>		MISCELLANEOUS NO. <u>MNU</u>	
EMPLOYER AND ADDRESS		REASON FINGERPRINTED		CLASS		REF.		PLACE OF BIRTH <u>POB</u>		LEAVE BLANK	

15. Date Official

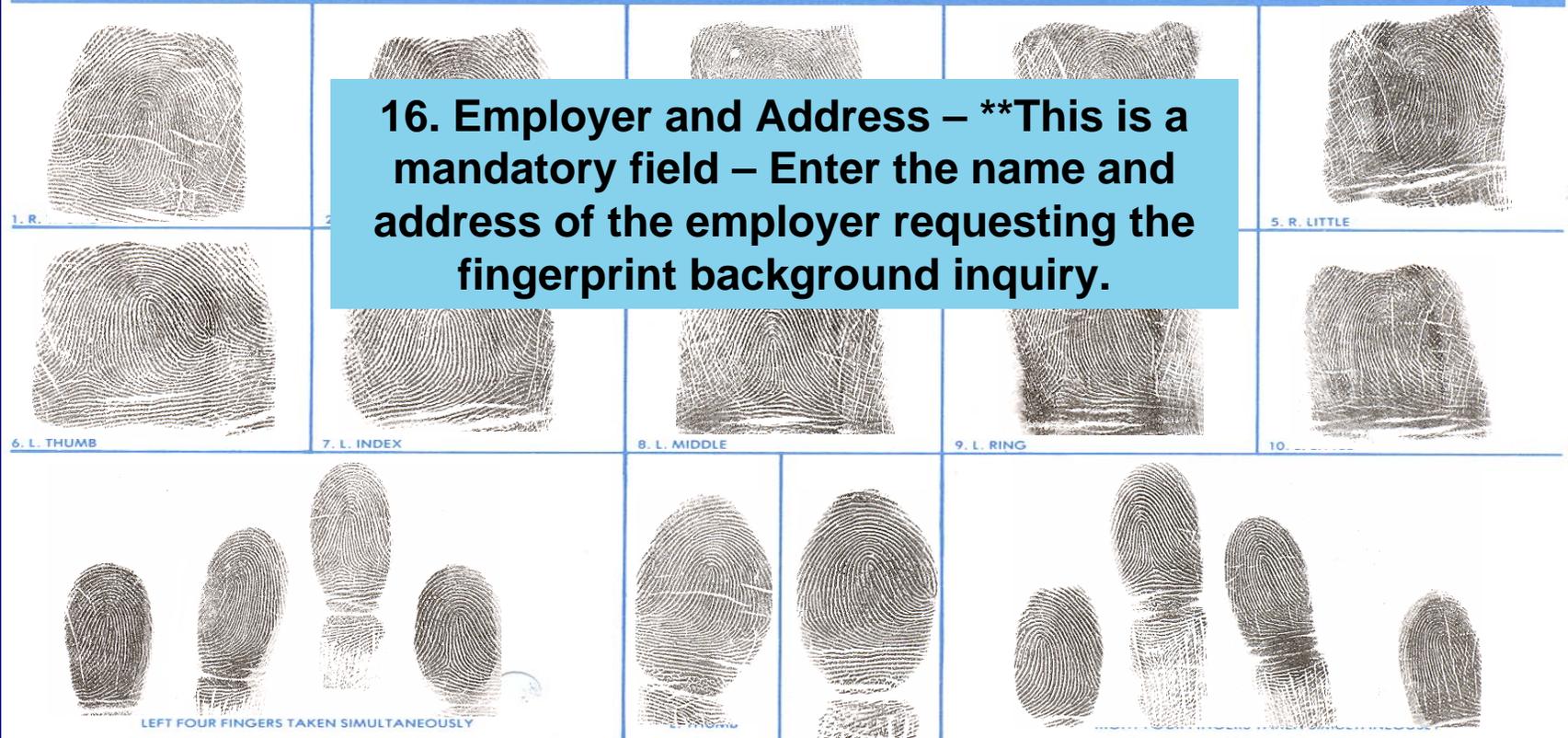
15. Date and Signature of Official Taking Fingerprints – This is the official and/or agency taking the fingerprints.



<b>APPLICANT</b>		LEAVE BLANK	TYPE OR PRINT ALL INFORMATION IN BLACK				FBI	LEAVE BLANK
SIGNATURE OF PERSON FINGERPRINTED		ALIASES <u>AKA</u>	LAST NAME <u>NAM</u>	FIRST NAME	MIDDLE NAME			
RESIDENCE OF PERSON FINGERPRINTED		CITIZENSHIP <u>CTZ</u>	OR I				DATE OF BIRTH <u>DOB</u> Month Day Year	
DATE	SIGNATURE OF OFFICIAL TAKING FINGERPRINTS						SEX	RACE
EMPLOYER AND ADDRESS		YOUR NO. <u>OCA</u>	LEAVE BLANK					
REASON FINGERPRINTED		FBI NO. <u>FBI</u>	CLASS _____					
		ARMED FORCES NO. <u>MNU</u>	REF. _____					
		SOCIAL SECURITY NO. <u>SOC</u>						
		MISCELLANEOUS NO. <u>MNU</u>						

### 16. Employer/Address

**16. Employer and Address – \*\*This is a mandatory field – Enter the name and address of the employer requesting the fingerprint background inquiry.**

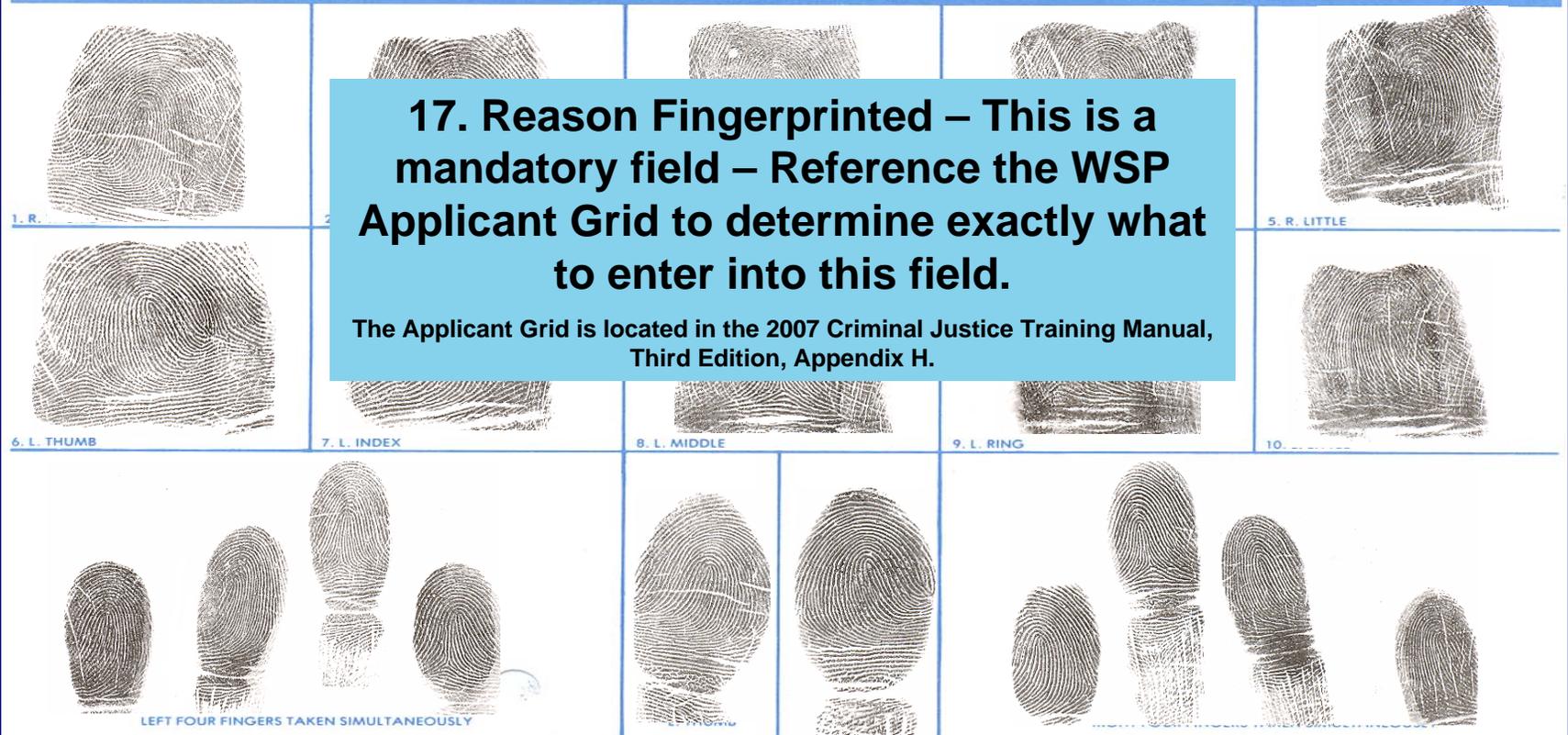


<b>APPLICANT</b>		LEAVE BLANK	TYPE OR PRINT ALL INFORMATION IN BLACK				FBI	LEAVE BLANK
SIGNATURE OF PERSON FINGERPRINTED		ALIASES <u>AKA</u>	LAST NAME <u>NAM</u>	FIRST NAME	MIDDLE NAME	OR I		
RESIDENCE OF PERSON FINGERPRINTED		CITIZENSHIP <u>CTZ</u>	SEX				RACE	HGT.
DATE	SIGNATURE OF OFFICIAL TAKING FINGERPRINTS		WGT.	EYES	HAIR	DATE OF BIRTH <u>DOB</u> Month Day Year	PLACE OF BIRTH <u>POB</u>	
EMPLOYER AND ADDRESS		YOUR NO. <u>OCA</u>	LEAVE BLANK					
REASON FINGERPRINTED		FBI NO. <u>FBI</u>	CLASS _____					
		ARMED FORCES NO. <u>MNU</u>	REF. _____					
		SOCIAL SECURITY NO. <u>SOC</u>						
		MISCELLANEOUS NO. <u>MNU</u>						

### 17. Reason Fingerprinted

**17. Reason Fingerprinted – This is a mandatory field – Reference the WSP Applicant Grid to determine exactly what to enter into this field.**

The Applicant Grid is located in the 2007 Criminal Justice Training Manual, Third Edition, Appendix H.



<b>APPLICANT</b>		LEAVE BLANK		TYPE OR PRINT ALL INFORMATION IN BLACK				LEAVE BLANK		
				LAST NAME <u>NAM</u>	FIRST NAME	MIDDLE NAME	FBI			
SIGNATURE OF PERSON FINGERPRINTED		ALIASES <u>AKA</u>		O R I	<b>3. Contributor</b>			DATE OF BIRTH <u>DOB</u> Month Day Year		
RESIDENCE OF PERSON FINGERPRINTED		CITIZENSHIP <u>CTZ</u>						SEX	RACE	HGT.
DATE	SIGNATURE OF OFFICIAL TAKING FINGERPRINTS		YOUR NO. <u>OCA</u>		LEAVE BLANK					
EMPLOYER AND ADDRESS			FBI NO. <u>FBI</u>		CLASS _____					
<b>14. Subject's Address</b>			ARMED FORCES NO. <u>MNU</u>		REF. _____					
<b>16. Employer/Address</b>			SOCIAL SECURITY NO. <u>SOC</u>							
REASON FINGERPRINTED			MISCELLANEOUS NO. <u>MNU</u>							

**\*\*One of these fields must be completed. To determine which field to complete, consider who will receive the fingerprint background inquiry results.**

**If the results will be returned to an agency with an ORI, enter the agencies ORI.**

**If the result will be returned to an employer, enter the employer's name and address.**

**If the result will be returned to the subject of the inquiry, enter the residence of the person fingerprinted.**

**Note: If more than one field is completed, the results will be returned as follows:**

**If there is an ORI, the results will be returned to the ORI.**

**If there is no ORI and the fee is paid by the employer the results will be returned to the employer.**

**If there is no ORI and the fee is paid by the applicant and there is no instructions to send the results to the employer, the results will be returned to the applicant.**

A scan of a fingerprint card form. The top section contains a header with the word 'APPLICANT' and several fields for personal information. Below this is a large grid of 10 columns and 4 rows, intended for placing fingerprints. The grid is currently empty.

# Chain of Custody

**The FBI recommends that “any individual who has their prints put on the fingerprint card should not have direct access to the card again. This eliminates the possibility of the fingerprint card being altered in some manner after the fingerprints have been taken, and does not allow the “Chain of Custody” to be broken.”**

**In order for the “Chain of Custody” to not be broken, it is recommended that all law enforcement and state agencies require all applicant fingerprint cards to be sealed and mailed from the police department or state agency.**

**To implement this procedure, the applicant will need all other documents for processing to be included for mailing.**

A scan of a white applicant card form. The form is titled "APPLICANT" in the top left corner. It contains several sections with labels such as "APPLICANT INFORMATION", "AGENCY INFORMATION", "FINGERPRINT INFORMATION", and "SIGNATURE". There are numerous input fields, checkboxes, and a large area at the bottom for a signature or stamp. The form is mostly blank, with only some text visible in the header and section titles.

# How to Return an Applicant Card to the Subject

When returning an applicant card directly to the subject, it is recommended to utilize the “Chain of Custody”. Be sure to place the fingerprint card into an envelope. Seal the envelope and sign, initial or use an agency stamp across the seal. The applicant will be responsible for submitting to the Washington State Patrol (WSP) and providing other documents if needed and any fees required.

A sample of an applicant card form. The form is titled "APPLICANT" and contains several sections with various fields for information. The top section includes fields for name, address, and contact information. Below that, there are sections for "APPLICANT'S STATEMENT OF PURPOSE" and "APPLICANT'S EDUCATION". The bottom section is a large grid for "APPLICANT'S EXPERIENCE" with columns for "Agency", "Position", "Start Date", and "End Date".

# How to Submit an Applicant card through the Mail

Applicant cards may be mailed to the requesting agency or directly to the WSP. When mailing to the WSP, please use the following address:

Washington State Patrol  
Identification and Criminal History Section  
PO Box 42633  
Olympia, WA 98504

**Note:** You may complete the fingerprint card using a live-scan and choose to print the card then follow the agencies processing procedures.

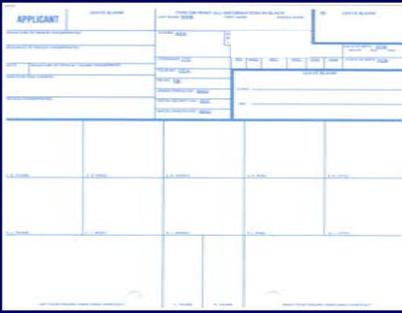
A screenshot of a web-based applicant form. The form is titled 'APPLICANT' and contains several sections with labels and input fields. At the bottom, there is a table with multiple columns and rows, likely for listing multiple applicants or items. The form is presented in a clean, structured layout with blue borders around the input areas.

# How to Submit an Applicant Card Electronically

**To submit a fingerprint card electronically, you must have a live-scan or card-scan, an electronic connection to the WSP and an established billing account.**

**Once the live/card-scan fields have been completed, you may choose to transmit to the WSP.**

**It is the agencies responsibility to collect any required fees. The WSP will bill the submitting agency for all billable submissions.**



# How to Submit an Applicant Card Electronically

An agency may use their live-scan to electronically submit a fingerprint card without collecting any fees if the applicant provides a Request for Electronic Applicant Submission form. This form will provide the information needed to complete the live-scan fields. Make sure to enter the ORI of the requestor.

Identification and Criminal History Section  
PO Box 42633  
Olympia WA 98504-2633



**REQUEST FOR ELECTRONIC APPLICANT SUBMISSION**

CONTRIBUTING AGENCY INFORMATION	
ORI (agency to be billed)	Fee
Reason Fingerprinted	
Contributing Agency Assigned OCA Number	
Contact Name	Contact Telephone Number

APPLICANT INFORMATION			
Name	Last First MI		
Alias			
Date of Birth	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		
Height	Weight	Eyes	Hair Color
Place of Birth	Social Security Number	-	-
Home Address			
Employer Name			
Employer Address			

LIVE SCAN SITE INFORMATION	
ORI Number	Level of Service: <input type="checkbox"/> State Search <input type="checkbox"/> FBI Search <input type="checkbox"/> Both
If resubmission, original TCN number	
Name of Live Scan Operator	Date

**A COMPLETED FINGERPRINT CARD MUST BE PROVIDED TO THE APPLICANT FOR SUBMISSION TO AGENCY FOR THEIR FILES.**

3000-0-023 808 Distribution: ORIGINAL-Live Scan Site, SECOND COPY-Requesting Agency, THIRD COPY-Applicant

**Questions?**

**Contact (360) 534-2000**