
FBI Name Checks For Fingerprint Submissions Rejected Twice Due To Image Quality

When can I request a name check?

A name check can be requested when the fingerprints have been rejected twice for image quality by the FBI's Criminal Justice Information Services (CJIS) Division.

Who can request a name check?

The name check is limited to state, federal and regulatory agencies who already have legal authority to submit fingerprints for non-criminal justice purposes.

How do I get the name check procedure started?

- Complete the attached name check request form.
- Mail or fax the form to:

	FBI CJIS Division Attn: Name Check Request 1000 Custer Hollow Road Clarksburg, WV 26306	 Fax (304) 625-5102
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or via the Internet

	www.leo.gov Log on to LEO Go to LEOSIG/PUBLICSIG/ CJIS/PROGRAMS/III/On-Line Namesearch Form Complete the form and click submit [For access to LEO, call (304) 625-2618]
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What do I need to include with my name check request?

- The Transaction Control Number (TCN), name, date of birth and social security number (if available) from the rejected fingerprint submissions.
- The Originating Agency Identifier (ORI) of the agency.
- Contact information for the agency including agency preference for receipt of the results, either fax or by mail.

NOTE: If candidates are generated during the name search **and** the candidates are identified to an existing criminal record, agencies will be provided with a copy of the criminal history record.

Is there a time limit for obtaining these name checks?

Yes, the name check request must be submitted within 90 days of the last rejection date.

Who can I contact if I have further questions about the name check process?

Should you have any questions, please contact the Identification and Investigative Services Section Name Check Unit at (304) 625-9450 between the hours of 6:00 am and 4:00 pm Eastern Standard Time Monday thru Friday.

CJIS Name Check Request

Please complete the attached form to request a name check. Please be advised that an individual's fingerprints must be rejected twice for technical (image quality) issues prior to requesting a name check.

ORI of State/Federal/Regulatory Agency: _____

Your agency's Point of Contact (POC) for the response: _____

Phone number of POC: _____

Fax number of POC: _____

Address of requesting agency:

Please fax ____ or mail ____ my response to this request.

Subject of Name Check

Transaction Control Number (TCN) of subject's fingerprint submission: _____

Name: _____ **Alias:** _____

Date of Birth: _____ **Place of Birth:** _____

Sex: ____ **Race:** ____ **Height:** ____ **Weight:** ____ **Eyes:** ____ **Hair:** ____

Social Security Number: _____ **Miscellaneous Number:** _____

State Identification Number: _____ **OCA:** _____

*** Please note that highlighted fields are required for name check searches**