

US OFFICE OF PERSONNEL
MANAGEMENT
E.O. 10450

LAST NAME NAME FIRST NAME MIDDLE INITIAL

LEAVE BLANK

SIGNATURE OF PERSON FINGERPRINTED

OR USOPM000Z - FIPC BOYERS, PA

RESIDENCE OF PERSON FINGERPRINTED

SERIAL NO. (OPM USE ONLY) OCA

DATE OF BIRTH DOB
MONTH DAY YEAR

DATE SIGNATURE OF OFFICIAL TAKING FINGERPRINTS

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

TITLE AND ADDRESS

SCARS, MARKS, AND TATTOOS

LEAVE BLANK

POSITION TO WHICH APPOINTED

FBI NO. FBI

CLASS

DEPARTMENT, BUREAU, AND DUTY STATION (CITY AND STATE)

SOCIAL SECURITY NO. SOC

REF.

R. THUMB	2. R. INDEX	3. R. MIDDLE	4. R. RING	5. R. LITTLE
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L. THUMB	7. L. INDEX	8. L. MIDDLE	9. L. RING	10. L. LITTLE
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LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY

L. THUMB R. THUMB

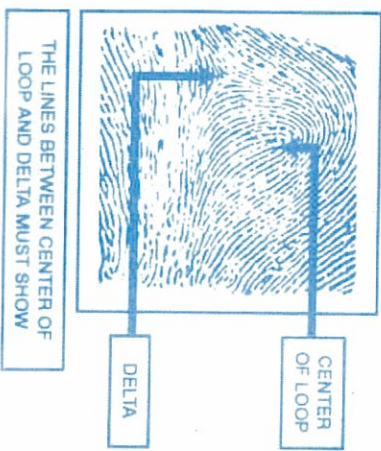
RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY

INSTRUCTIONS FOR OBTAINING CLASSIFIABLE FINGERPRINTS ON STANDARD FORM 87, FINGERPRINT CHART

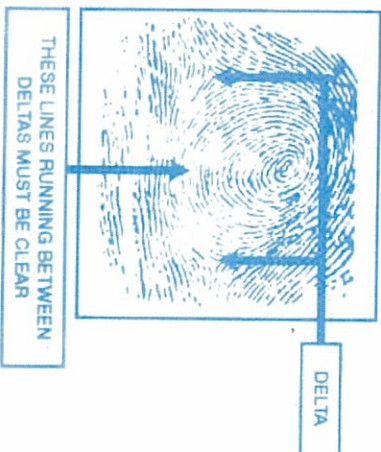
1. USE PRINTER'S INK.
2. DISTRIBUTE INK EVENLY ON INKING SLAB.
3. WASH AND DRY FINGERS THOROUGHLY.
4. ROLL FINGERS FROM NAIL TO NAIL AND AVOID ALLOWING FINGERS TO SLIP.
5. BE SURE IMPRESSIONS ARE RECORDED IN CORRECT ORDER.
6. IF AN AMPUTATION OR DEFORMITY MAKES IT IMPOSSIBLE TO PRINT A FINGER, MAKE A NOTATION TO THAT EFFECT IN THE INDIVIDUAL FINGER BLOCK.
7. IF SOME PHYSICAL CONDITION MAKES IT IMPOSSIBLE TO OBTAIN PERFECT IMPRESSIONS, SUBMIT THE BEST THAT CAN BE OBTAINED WITH A MEMO STAPLED TO THE CARD EXPLAINING THE CIRCUMSTANCES.
8. EXAMINE THE COMPLETED PRINTS TO SEE IF THEY CAN BE CLASSIFIED BEARING IN MIND THE FOLLOWING, MOST FINGERPRINTS FALL INTO THE PATTERNS SHOWN BELOW:

- (OTHER PATTERNS OCCUR INFREQUENTLY AND ARE NOT SHOWN HERE)
- (A) A DELTA (Δ) IS THE POINT AT WHICH THE LINES FORMING THE LOOP OR WHORL PATTERN SPREAD AND BEGIN GOING IN DIFFERENT DIRECTIONS. ALL LOOP PRINTS HAVE ONE DELTA. WHORL PRINTS HAVE TWO.
 - (B) LOOP PRINTS CANNOT BE CLASSIFIED UNLESS THE CENTER OF THE LOOP AND DELTA AND THE LINES BETWEEN THEM, ARE CLEAR.
 - (C) WHORL PRINTS CANNOT BE CLASSIFIED UNLESS THE TWO DELTAS, AND THE LINES CONNECTING THE DELTAS, ARE CLEAR.
 - (D) ARCH FINGERPRINTS CAN BE CLASSIFIED IF A SUFFICIENTLY CLEAR IMPRESSION IS OBTAINED TO PERMIT IDENTIFICATION OF THE PATTERN AS BEING AN ARCH.
9. IF, UPON EXAMINATION, IT APPEARS THAT ANY OF THE IMPRESSIONS CANNOT BE CLASSIFIED, NEW PRINTS SHOULD BE MADE. IF NOT MORE THAN THREE IMPRESSIONS ARE UNCLASSIFIABLE, NEW PRINTS OF THESE FINGERS MAY BE TAKEN AND PASTED OVER THE DEFECTIVE ONES. IF MORE THAN THREE ARE UNCLASSIFIABLE MAKE A NEW CHART.

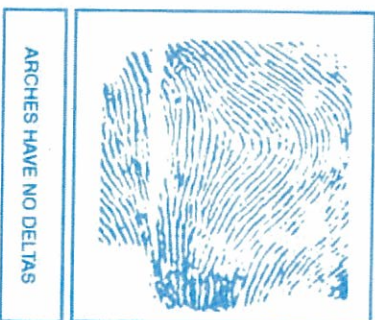
1. LOOP



2. WHORL



3. ARCH



THIS SPACE FOR FBI USE

PURPOSE, AUTHORITY, and PRIVACY STATEMENT

Solicitation of this information is authorized by sections 3301, 3302, and 9101 of title 5 of the U.S. Code; Executive Orders 8781, 10450, 10577, and 12968. This information will be used to search the Federal Bureau of Investigation's fingerprint files in determining your fitness for Federal employment or a security clearance. It may also be used for searches of other law enforcement agencies' fingerprint files for the same purpose. The information on this form, and information collected during an investigation, may be disclosed without your consent, as permitted by the Privacy Act (5 U.S.C. 552a(b)) and the applicable routine uses, including disclosure to government agencies for determining qualifications, suitability, and security access.

Your Social Security Number (SSN) is being requested under the authority of Executive Order 9397. Furnishing the requested information is voluntary, however, your failure to provide requested information may delay or prevent your eligibility for employment, a clearance, or a credential. An intentional misstatement or omission will negatively affect your employment, up to and including removal and debarment. In addition, knowingly providing false information may be punishable by law (title 18, U.S. Code, section 1001).

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JEN STATEMENT

We estimate the Public Burden for this collection is approximately five minutes per response. This includes time for reviewing the instructions, completing the form, and the actual fingerprinting. Send comments regarding our estimate or any other aspect of this form, including suggestions for reducing completion time, to the Office of Personnel Management, OPM Forms Officer, Paperwork Reduction Act (3206-0150), Washington, DC 20415-7900. The OMB Number 3206-0150 is currently valid. OPM may not collect this information and you are not required to respond unless this number is displayed.

SF 87 (REV. APRIL 2006)
NSN-7540-00-634-4037
FEBRUARY 2002 EDITION USABLE
ALL OTHER PREVIOUS EDITIONS UNUSABLE

FORM APPROVED
OMB NO. 3206-0150

87-206



LAST NAME NAME FIRST NAME MIDDLE INITIAL

LEAVE BLANK

SIGNATURE OF PERSON FINGERPRINTED

O

R

L

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MONTH DAY YEAR

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LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY

L. THUMB

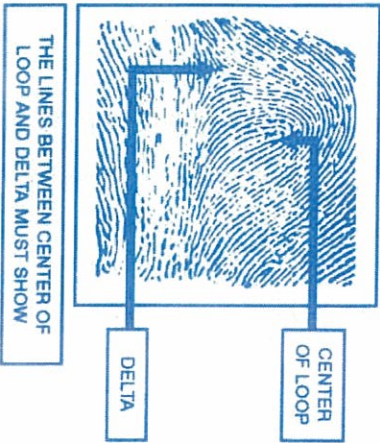
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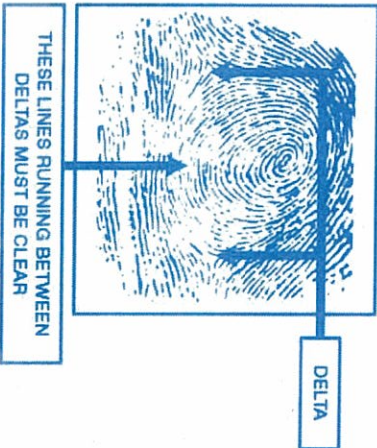
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2. DISTRIBUTE INK EVENLY ON INKING SLAB.
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