

PAPERWORK REDUCTION ACT SUBMISSION

Please read the instructions before completing this form. For additional forms or assistance in completing this form, contact your agency's Paperwork Clearance Officer. Send two copies of this form, the collection instrument to be reviewed, the Supporting Statement, and any additional documentation to: **Office of Information and Regulatory Affairs, Office of Management and Budget, Docket Library, Room 10102, 725 17th Street NW, Washington, DC 20503**

1. Agency/Subagency originating request FBI/Criminal Justice Information Services Division	2. OMB control number b. <input type="checkbox"/> None a. <u>1110</u> - <u>0046</u>
3. Type of information collection (check one) a. <input type="checkbox"/> New Collection b. <input type="checkbox"/> Revision of a currently approved collection c. <input checked="" type="checkbox"/> Extension of a currently approved collection d. Reinstatement, without change , of a previously approved collection for which approval has expired e. <input type="checkbox"/> Reinstatement, with change , of a previously approved collection for which approval has expired f. <input type="checkbox"/> Existing collection in use without an OMB control number <i>For b-f, note Item A2 of Supporting Statement instructions.</i>	4. Type of review requested (check one) a. <input checked="" type="checkbox"/> Regular b. <input type="checkbox"/> Emergency - Approval requested by: ___/___/___ c. <input type="checkbox"/> Delegated 5. Small entities Will this information collection have a significant economic impact on a substantial number of small entities? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 6. Requested expiration date a. <input checked="" type="checkbox"/> Three years from the approval date b. <input type="checkbox"/> ___/___/___
7. Title Arrest and Information (Criminal), Applicant, and Personal Identification Fingerprint Cards	
8. Agency form number(s) (if applicable) FD-249, FD-258, FD-353 respectively	
9. Keywords Fingerprint Cards/Identification	
10. Abstract These forms are the means by which federal, state, and local agencies, as well as individuals, submit fingerprint identification information.	
11. Affected public (Mark primary with "P" and all others with "X") a. <input checked="" type="checkbox"/> Individuals or households d. <input type="checkbox"/> Farms b. <input type="checkbox"/> Business or other for-profit e. <input checked="" type="checkbox"/> Federal Government c. <input type="checkbox"/> Not-for-profit institutions f. <input checked="" type="checkbox"/> State, Local, or Tribal Government	12. Obligation to respond (Mark primary with "P" and all others that apply with "X") a. <input checked="" type="checkbox"/> Voluntary b. <input type="checkbox"/> Required to obtain or retain benefits c. <input type="checkbox"/> Mandatory
13. Annual reporting and recordkeeping hour burden a. Number of respondents <u>88,979</u> b. Total annual responses <u>52.7 million</u> 1. Percentage of these responses collected electronically: <u>98.03</u> % c. Total annual hours requested <u>8.7 million</u> d. Current OMB inventory <u>0</u> e. Difference <u>8.7 million</u> f. Explanation of difference 1. Program change <u>0</u> 2. Adjustment <u>4.8 million</u>	14. Annual reporting and recordkeeping cost burden (in thousands of dollars) a. Total annualized capital/startup costs <u>0</u> b. Total annual costs (O&M) <u>0</u> c. Total annualized cost requested <u>0</u> d. Current OMB inventory <u>0</u> e. Difference <u>0</u> f. Explanation of difference 1. Program change <u>0</u> 2. Adjustment <u>0</u>
15. Purpose of information collection (Mark primary with "P" and all others that apply with "X") a. <input checked="" type="checkbox"/> Application for benefits e. <input type="checkbox"/> Program planning or management b. <input type="checkbox"/> Program evaluation f. <input checked="" type="checkbox"/> Research c. <input checked="" type="checkbox"/> General purpose statistics g. <input checked="" type="checkbox"/> Regulatory or compliance d. <input type="checkbox"/> Audit	16. Frequency of recordkeeping or reporting (check all that apply) a. <input checked="" type="checkbox"/> Recordkeeping b. <input checked="" type="checkbox"/> Third party disclosure c. <input checked="" type="checkbox"/> Reporting: 1. <input checked="" type="checkbox"/> On occasion 2. <input type="checkbox"/> Weekly 3. <input type="checkbox"/> Monthly 4. <input type="checkbox"/> Quarterly 5. <input type="checkbox"/> Semi-annually 6. <input type="checkbox"/> Annually 7. <input type="checkbox"/> Biennially 8. Other (describe) _____
17. Statistical methods Does this information collection employ statistical methods? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	18. Agency contact (person who can best answer questions regarding the content of this submission) Name: <u>Penny L. Rosier, Mgmt/Program Analyst</u> Phone: <u>(304) 625-3671</u>