
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 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

or via the Internet:

 www.leo.gov
Log on to LEO
Go to LEOSIG/PUBLICSIG/CJIS/PROGRAMS/III/On-Line Name Search Form
Complete the form and click submit
[For access to LEO, call 1-877-334-4536]

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.

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

Is there a time limit for obtaining these name checks?

Yes, the applicant must have two fingerprint rejects for the reject codes of L0008, L0116, L0117 and/or L0118 within one year and the second reject must be within 90 days.

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

Should you have any questions, please contact the Biometric Services Section Name Check Group at (304) 625-9450 between the hours of 6:00 am and 4:00 pm Eastern Standard Time Monday thru Friday or via e-mail at namecheck@leo.gov.

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. ***Please type or print clearly.***

ORI of State/Federal/Regulatory Agency: _____

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

Phone number of POC: _____

Fax number of POC: _____

Name and Address of requesting agency:

Responses will be faxed.

*****PLEASE COMPLETE ALL OF THE ABOVE FIELDS*****

Subject of Name Check

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

1. _____

2. _____

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. All other fields are optional. The results provided will be the result of the biographic information included in the original fingerprint submission.**