

LEAVE BLANK

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

FBI

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| | | | | | |
|---|--|--------------------------------|-------------|--------------------------------------|------------------------------|
| SIGNATURE OF PERSON FINGERPRINTED | | O R I | | SERIAL NO. (OPM USE ONLY) <u>OCA</u> | |
| RESIDENCE OF PERSON FINGERPRINTED | | S O N | S O I | IPAC | MISCELLANEOUS NO. <u>MNU</u> |
| DATE | | ALIASES <u>AKA</u> | | SEX | RACE |
| SIGNATURE OF OFFICIAL TAKING FINGERPRINTS | | | | HGT. | WGT. |
| TITLE AND ADDRESS | | SCARS, MARKS, AND TATTOOS | | EYES | HAIR |
| POSITION TO WHICH APPOINTED | | FBI NO. <u>FBI</u> | | PLACE OF BIRTH <u>POB</u> | |
| DEPARTMENT, BUREAU, AND DUTY STATION (CITY AND STATE) | | SOCIAL SECURITY NO. <u>SQC</u> | | LEAVE BLANK | |
| | | | | CLASS _____ | |
| | | | | REF. _____ | |

| | | | | |
|--|-------------|--------------|------------|---|
| 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 |

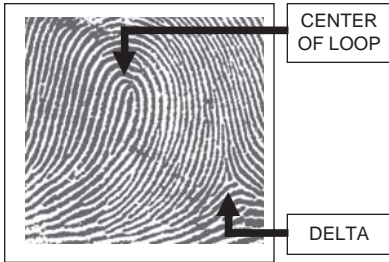
INSTRUCTIONS FOR OBTAINING CLASSIFIABLE FINGERPRINTS ON STANDARD FORM 87, FINGERPRINT CHART

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)

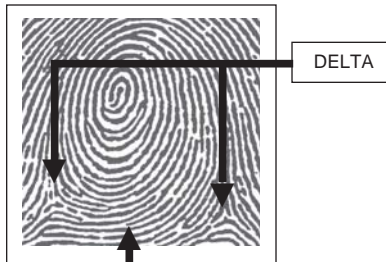
- (A) A DELTA (Δ) IS THE POINT AT WHICH THE LINES FORMING THE LOOP OR WHORL PATTERN SPREAD AND BEGIN GOING IN DIFFERENT DIRECTIONS. ALL LOOP PRINTS HAVE ONE DELTA. WHORL PRINTS HAVE TWO.
- (B) LOOP PRINTS CANNOT BE CLASSIFIED UNLESS THE CENTER OF THE LOOP AND DELTA, AND THE LINES BETWEEN THEM, ARE CLEAR.
- (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



THE LINES BETWEEN CENTER OF LOOP AND DELTA MUST SHOW

2. WHORL



THESE LINES RUNNING BETWEEN DELTAS MUST BE CLEAR

3. ARCH



ARCHES HAVE NO DELTAS

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 for 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).

PUBLIC BURDEN STATEMENT

We estimate the Public Burden for this collection of information 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 U.S. Office of Personnel Management, Federal Investigative Services, Attn: OMB Number 3206-0150, 1900 E Street, N.W., Washington, DC 20415. 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.

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