

LEAVE BLANK

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

FBI

LEAVE BLANK

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

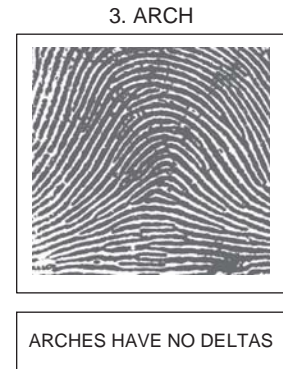
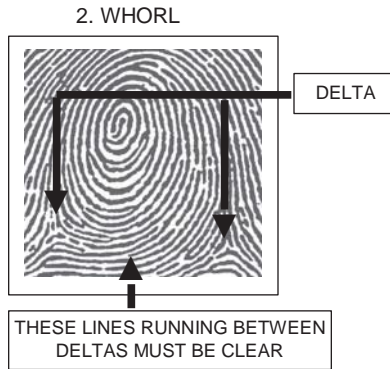
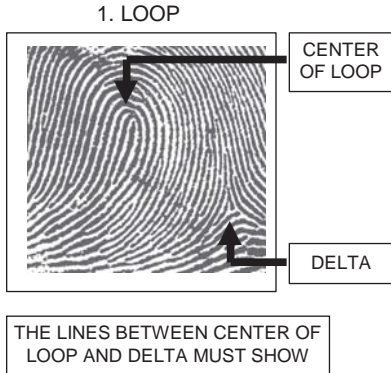
R. THUMB

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 ( $\Delta$ ) 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.



## PRIVACY ACT STATEMENT

Pursuant to 5 U.S.C. § 552a(e)(3), this Privacy Act Statement serves to inform you of why OPM is requesting the information on this form.

**Authority:** OPM is authorized to collect the information requested on this form, including your Social Security number, pursuant to 5 U.S.C. §§ 3301, 3302, and 9101; and Executive Orders 8781, 10450, 10577, and 12968.

**Purpose:** OPM is requesting this information in connection with your background investigation and will use it 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.

**Routine Uses:** The information on this form may be shared externally as a "routine use" with other government agencies, contractors, and commercial entities in order to determine your qualifications, suitability, and security access; and for other purposes permitted by the Privacy Act. A complete list of the routine uses can be found in the applicable system of records notice, OPM/Central 9 Personnel Investigations Records, 81 Fed. Reg. 70193 (Oct. 11, 2016).

**Consequences of Failure to Provide Information:** Providing this information is voluntary. However, failure to provide the 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).

THIS SPACE FOR FBI USE

## 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.

SF 87 (REV. DECEMBER 2017)  
NSN 7540-00-634-4037  
ALL OTHER PREVIOUS EDITIONS UNUSABLE

FORM APPROVED  
★ OMB NO. 3206-0150

87-207  
PRINTED ON RECYCLED PAPER