Federal Parent Locator Service

Federal Case Registry

Interface Guidance Document

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APPENDIX G: INPUT TRANSACTIONS

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G. FCR INPUT TRANSACTION LAYOUTS

This appendix presents the layouts for records accepted by the FCR system. Each record layout in this appendix includes the following:

1. **Field Name** – the name of the field as it appears on the input transaction layout
2. **Location** – the position of the field on the record
3. **Length** – the number of characters allowed in the field
4. **A/N** – the type of field: alphabetic (A), numeric (N), or alphanumeric (A/N)
5. **Comments** – indicates if the field is required for the transaction, and provides an explanation of the field and the field's relationship to other fields or records

The Comments section indicates when the field is required for the transaction. Fields defined as "Conditionally Required" must be present on the input record, based on the conditions described in the Comments field. Comments also provide an explanation of the field and its relationship to other fields or records. Additional information regarding each field is in Appendix E, "Data Dictionary."

Use SSA's network and the CyberFusion Integration Suite (CFI) protocol to transmit input transactions to the FCR. Section 3.1, "CyberFusion (CFI)," describes CFI and the process for transmission of data to the FCR. When transmitting input records, the FCR Transmission Header record must be the first record in the transmission. If the Header record is not the first record in the transmission, the system rejects all records until a Header record is located. The data transmitted to the FCR must comply with these requirements:

1. All data must be in EBCDIC format.
2. All alphabetic data, except the User field, must be in upper case.
3. All alphabetic and alphanumeric data must be left justified.
4. All numeric data must be right justified and zero-filled.
5. All dates must be in CCYYMMDD format.
6. All Filler fields must be spaces, not low values.

Appendix D, "Data Dictionary," contains additional information regarding each field.

Chart G-1 lists and describes the input record layouts accepted by the FCR system.

Figure G-1, "FCR Batch Input Record Relationships," is a diagram of the relationship of the input records within a batch.

CHART G-: INPUT RECORD LAYOUTS ACCEPTED BY THE FCR	
Input Record Name	Record Purpose
FCR Transmission Header Record	This record contains a record identifier of 'FA'. This record must be the first record in a batch of transaction records sent to the FCR. It identifies the submitter of the batch. The batch number in this record uniquely identifies the batch.
FCR Input Case Record	This record contains a record identifier of 'FC'. Use this record to add cases to the FCR. You can also use this record to change case information, or to delete a case from the FCR. When you close a case on your system, using valid case closure criteria under §45 CFR 303.11, you must send a Delete transaction to the FCR to indicate the case was closed. Upon receipt and acceptance of the Delete transaction, the system deletes the case from the FCR. The case closure criteria are permissive rather than mandatory. If a case does not meet one of the closure criteria, it must remain open. However, you have the option to leave a case open even if it does meet the case closure criteria. When deciding whether to close a case, which would delete it from the FCR, you should weigh the benefits of keeping the case on the FCR or deleting it. This appendix provides three explanations of this record, based on the action requested: add, change, or delete a case. While a single record format is used, the separate explanations provide a clear definition of the required and optional fields, based on the record's action type code.

CHART G-: INPUT RECORD LAYOUTS ACCEPTED BY THE FCR	
Input Record Name	Record Purpose
FCR Input Person/Locate Request Record	This record contains a record identifier of 'FP'. Use this record to add a person in a child support case to the FCR. You can also use this record to change information for, or delete a person from, a case on the FCR. The submitted record can include an SSN/name combination validated using the SSA SSN verification routines. If the person's SSN is not available, you can submit additional information on this record to allow the FCR to automatically utilize SSA and IRS SSN identification routines to obtain the SSN. Use this record to initiate, or terminate, a request for Locate processing for a person. You can initiate a request for Locate processing when the person information is added or changed. You can also initiate a Locate using this record without adding or changing a person on the FCR. You must specify the desired Locate sources on the record. **Note:** Under certain conditions, the FCR automatically performs a Locate of the NDNH when a person is added to, or changed on, the FCR. Refer to Section 6.10, "Proactive Matching." Five explanations of this record are provided based on the action requested: 1. add a person 2. change a person 3. delete a person 4. initiate a request for Locate, or 5. terminate a Locate Request While a single record format is used for each of these actions, the separate explanations provide a clear definition of the required and optional fields, based on the record's action type code.
FCR Input Query Record	This record contains a record identifier of 'FR'. Use this record to obtain, when authorized, case and associated person(s) information from the FCR for a specific person. You are authorized to submit and receive FCR information for a person whom you have registered on the FCR.

CHART G-: INPUT RECORD LAYOUTS ACCEPTED BY THE FCR	
Input Record Name	Record Purpose
FCR Change of Address Verification Request Record	This record contains a record identifier of 'NC'. Use this record to request verification of an address for a IV-D participant, using the NCOA$^{Link®}$ database.
FCR Input Trailer Record	This record contains a record identifier of 'FZ'. This record must be the last record in a batch of transactions sent to the FCR. This record indicates the total number of transactions in the transmission. The FCR uses this to determine if the transmission was successfully completed.

Figure G-1: FCR Batch Input Record Relationships

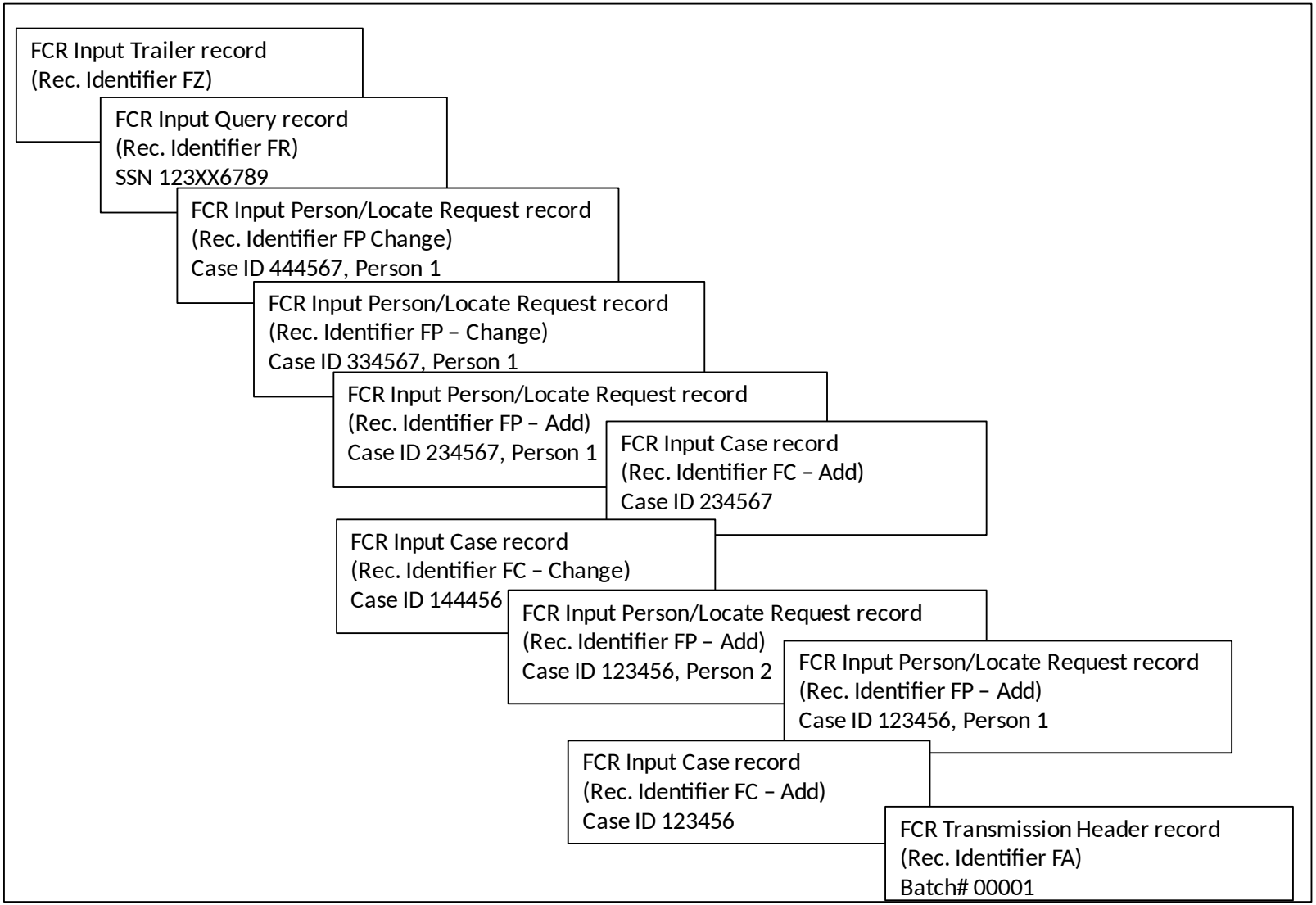

CHART G-: FCR TRANSMISSION HEADER RECORD				
Field Name	Location	Length	A/N	Comments
Record Identifier	1-2	2	A/N	**Required** This field must contain the characters 'FA'.
Transmitter State/Territory Code	3-4	2	A/N	**Required** This field must contain the two-digit numeric FIPS code of the state or territory transmitting data to the FCR. Refer to Appendix F or the *Department of Commerce* FIPS Code Manual, National Institute of St*andards and Technology*, FIPS PUB 6-4. FIPS codes are on the Internet at http://www.itl.nist.gov.
Version Control Number	5-9	5	A/N	**Required** This field must contain the numbers '01.00'. OCSE will notify you when this field changes.
Date Stamp	10-17	8	N	**Required** This field must contain the date of transmission to the FCR. This must be in CCYYMMDD format.
Batch Number	18-23	6	A/N	**Required** This field should be a sequential number generated by the transmitting state or territory. Do not repeat batch numbers.
Filler	24-640	617	A/N	This field is for future versions. For the current version, fill with spaces.

CHART G-: FCR INPUT CASE RECORD – ADD A CASE TO THE FCR				
Field Name	Location	Length	A/N	Comments
Record Identifier	1-2	2	A/N	**Required** This field must contain the characters 'FC'.
Action Type Code	3	1	A/N	**Required** This field must contain 'A' to indicate the record adds a new case to the FCR.
Case ID	4-18	15	A/N	**Required** This field must contain a unique identifier you assigned to the case. It must not be all spaces, all zeroes, contain an asterisk or backslash, and the first position must not be a space.
Case Type	19	1	A/N	**Required** This field must contain one of these codes to indicate the type of case being added: F – IV-D N– Non-IV-D
Order Indicator	20	1	A/N	**Required** This field must contain one of these codes: N– The state system has no record of the existence of a child support order applicable to this case. Y– The state system has a record of the existence of a child support order applicable to this case.

CHART G-: FCR INPUT CASE RECORD – ADD A CASE TO THE FCR				
Field Name	Location	Length	A/N	Comments
FIPS County Code	21-23	3	A/N	**Optional** Use this field to specify the county office responsible for the case. • If present, this field must be positions 3-5 of the numeric FIPS state/territory and county codes. Refer to the *Department of Commerce FIPS Code Manual*, *National Institute of Standards and Technology*, FIPS PUB 6-4. In addition, FIPS codes are on the Internet at http://www.itl.nist.gov. The FCR stores the information in this field, and includes it on FCR Query and Proactive Match Response records.
Filler	24-25	2	A/N	**This field is for a future version.** For the current version, fill with spaces.
User Field	26-40	15	A/N	**Optional** Use this field for identifying information. The FCR stores the information in this field, and returns it on the Acknowledgement/Error Response.
Previous Case ID	41-55	15	A/N	**Not Allowed.** This must be spaces when a case is added to the FCR.
Filler	56-640	585	A/N	**This field is for future versions.** For the current version, fill with spaces.

CHART G-: FCR INPUT CASE RECORD – CHANGE A CASE ON THE FCR				
Field Name	Location	Length	A/N	Comments
Record Identifier	1-2	2	A/N	**Required** This must contain the characters 'FC'.
Action Type Code	3	1	A/N	**Required** This field must contain a 'C' to change a case previously added to the FCR by the submitter.
Case ID	4-18	15	A/N	**Required** • If the previous case ID is not all spaces, all zeroes, contains an asterisk or backslash, and the first position is not a space, this field must match the case ID used to add the case to the FCR. • If the previous case ID is not spaces and is greater than zero, use this field to change the case ID on the FCR. It must not be all spaces, all zeroes, contain an asterisk or backslash, and the first position must not be a space.
Case Type	19	1	A/N	**Optional** This field must contain a space or one of these codes to indicate the new case type: F – IV-D N– Non-IV-D Space – A change to the case type is not required.

CHART G-: FCR INPUT CASE RECORD – CHANGE A CASE ON THE FCR				
Field Name	Location	Length	A/N	Comments
Order Indicator	20	1	A/N	**Optional** Use this field to change the order indicator on the case. It must equal a space or one of these codes: Y– The state system has a record of the existence of a child support order applicable to this case. N– The state system has no record of the existence of a child support order applicable to this case. Space – A change to the order indicator is not required.
FIPS County Code	21-23	3	A/N	**Optional** Use this field for your internal purposes to change the county office responsible for the case. • If present, this field must be positions 3-5 of the numeric FIPS state/territory and county codes. Refer to the *Department of Commerce FIPS Code Manual, National Institute of Standards and Technology*, FIPS PUB 6-4. FIPS codes are on the Internet at http://www.itl.nist.gov. The FCR stores the information in this field, and includes it on FCR Query and Proactive Match Response records. Spaces indicate a change to the FIPS county code is not required.
Filler	24-25	2	A/N	This field is for a future version. For the current version, fill with spaces.
User Field	26-40	15	A/N	**Optional** Use this field for identifying information. The FCR stores the information in this field, and returns it on the Acknowledgement/Error Response.

CHART G-: FCR INPUT CASE RECORD – CHANGE A CASE ON THE FCR				
Field Name	Location	Length	A/N	Comments
Previous Case ID	41-55	15	A/N	**Optional** You can use this field to change the case ID for a case previously added to the FCR. • If present, this field must be different from the case ID entered in this record and it must not be all spaces, all zeroes, contain an asterisk or backslash, and the first position must not be a space. This field must match to a case on the FCR. • If you submit a Change transaction to change the case ID, this field must contain the case ID used to add the case to the FCR. • If the Change transaction matches the FCR, the information in the case ID field is your new case ID on the FCR for the case and related persons. All spaces in this field indicate a change to the case ID is not made.
Filler	56-640	585	A/N	This field is for future versions. For the current version, fill with spaces.

CHART G-: FCR INPUT CASE RECORD – DELETE A CASE FROM THE FCR				
Field Name	Location	Length	A/N	Comments
Record Identifier	1-2	2	A/N	**Required** This must contain the characters 'FC'.
Action Type Code	3	1	A/N	**Required** This field must contain a 'D' to delete a case previously added to the FCR by the submitter.
Case ID	4-18	15	A/N	**Required** This field must contain the case ID used to add the case to the FCR. It must not be all spaces or all zeroes, and the first position must not be a space.
Case Type	19	1	A/N	**Not Used.** The Delete transaction ignores any entry.
Order Indicator	20	1	A/N	**Not Used.** The Delete transaction ignores any entry.
FIPS County Code	21-23	3	A/N	**Not Used.** The Delete transaction ignores any entry.
Filler	24-25	2	A/N	**This field is for a future version**. For the current version, fill with spaces.
User Field	26-40	15	A/N	**Optional** Use this field for identifying information. The FCR returns the information in this field on the Acknowledgement/Error Response record. This field is not used to match the Delete transaction against the FCR case.
Previous Case ID	41-55	15	A/N	**Not Allowed** This field must be all spaces.
Filler	56-640	585	A/N	This field is for future versions. For the current version, fill with spaces.

CHART G-: FCR INPUT PERSON/LOCATE REQUEST RECORD – ADD A PERSON TO THE FCR				
Field Name	Location	Length	A/N	Comments
Record Identifier	1-2	2	A/N	**Required** This field must contain the characters 'FP.'
Action Type Code	3	1	A/N	**Required** This field must contain an 'A' to add a person to a case on the FCR.
Case ID	4-18	15	A/N	**Required** This field must contain the unique identifier you assigned to the person's case. It must not be all spaces, all zeroes, or contain an asterisk or backslash, and the first position must not be a space.
Filler	19-20	2	A/N	**Reserved for Internal Processing.** This field must be spaces.
User Field	21-35	15	A/N	**Optional** Use this field for identifying information. The FCR returns the information in this field on the Acknowledgement/Error Response and, when applicable, the Locate response.
FIPS County Code	36-38	3	A/N	**Optional** Use this field for your internal purposes. If present, this field must be positions 3-5 of the numeric FIPS state/territory and county codes. Refer to the *Department of Commerce FIPS Code Manual, National Institute of Standards and Technology*, FIPS PUB 6-4. FIPS codes are on the internet at http://www.itl.nist.gov. The FCR returns this information on the Acknowledgement/Error Response.

CHART G-: FCR INPUT PERSON/LOCATE REQUEST RECORD – ADD A PERSON TO THE FCR				
Field Name	Location	Length	A/N	Comments
Filler	39-40	2	A/N	**This field is for a future version.** Currently, fill it with spaces.
Locate Request Type	41-42	2	A/N	**Optional** Use this field to initiate a Locate request when adding a person to the FCR. The field must contain this code or spaces: CS – Request for IV-D purposes The Locate request type must be consistent with the person's case type. Refer to Chart 6-14, "Types of Locate Requests," for an explanation of the information available based on the Locate request type code.
Filler	43	1	A/N	**This field is for a future version.** Currently, fill it with spaces.
Participant Type Code	44-45	2	A/N	**Required** This field must contain one of these codes to define the person's participant type in the case: CH – Child CP – Custodial party NP – Noncustodial parent PF – Putative father (allowed for IV-D cases only)
Family Violence	46-47	2	A/N	**Optional** This field must be spaces, or a value of: FV – Person associated with family violence.
Member ID	48-62	15	A/N	**Required** This field must contain your member ID.

CHART G-: FCR INPUT PERSON/LOCATE REQUEST RECORD – ADD A PERSON TO THE FCR				
Field Name	Location	Length	A/N	Comments
Sex Code	63	1	A/N	**Conditionally Required** This field must be an 'F,' 'M,' or space. Provide this information when possible to assist in the SSN verification process. If you do not submit an SSN, and ESKARI information is present, this field must be an 'F' or 'M.' F – Female M – Male Space– Unknown or not available
Date of Birth	64-71	8	A/N	**Conditionally Required** This field must be a valid date in CCYYMMDD format or spaces. If this field is not present, either the SSN or the IRS-U SSN must be present so FCR can attempt to identify an SSN for the person.
SSN	72-80	9	A/N	**Conditionally Required** You should provide this field for each person. • If present, this field must be numeric. It must not be all zeroes, all sixes, or all nines. • If it is not present, either the date of birth, or the IRS-U SSN must be present so FCR can attempt to identify an SSN for the person.
Previous SSN	81-89	9	A/N	**Not Allowed.** This must be spaces when adding a person to the FCR.
First Name	90-105	16	A/N	**Required** This field must contain at least one alphabetic character. No special characters or embedded spaces can be present.

CHART G-: FCR INPUT PERSON/LOCATE REQUEST RECORD – ADD A PERSON TO THE FCR				
Field Name	Location	Length	A/N	Comments
Middle Name	106-121	16	A/N	**Optional** This field must contain spaces or alphabetic characters. If present, it must be at least one alphabetic character. No special characters or embedded spaces can be present.
Last Name	122-151	30	A/N	**Required** This field must contain at least one alphabetic character. No embedded spaces or special characters other than hyphens can be present.
City of Birth	152-167	16	A/N	**Optional** This field must be all spaces or valid alphabetic characters with no embedded spaces. This information may assist in identifying the person's SSN if you do not provide an SSN. If you do not provide the SSN, but you provide sufficient optional information, the FCR utilizes SSA verification routines to attempt to identify the person's SSN. Refer to Section 5.3.1, "SSN Verification in the FCR," for an explanation of this process and the combination of the fields required.

CHART G-: FCR INPUT PERSON/LOCATE REQUEST RECORD – ADD A PERSON TO THE FCR				
Field Name	Location	Length	A/N	Comments
State or Country of Birth	168-171	4	A/N	**Optional** For valid codes, refer to Appendix F or to the *Department of Commerce FIPS Code Manual, National Institute of Standards and Technology*, FIPS PUB 10-4 for the FIPS country codes and FIPS PUB 6-4 for a list of the state codes. FIPS codes are on the internet at http://www.itl.nist.gov. • If present, this field must be one of these: 1. the two-character alphabetic FIPS code of the state of birth, left-justified 2. the two-character alphabetic FIPS code of the country of birth and an asterisk, left-justified 3. four-character alphanumeric FIPS code of the country and province of birth 4. all spaces • If you do not provide an SSN, this information may assist in identifying the person's SSN. • If you do not provide an SSN, but you provide sufficient optional information, the FCR utilizes SSA verification routines to attempt to identify the person's SSN. Refer to Section 5.3.1, "SSN Verification in the FCR," for an explanation of this process and the combination of the fields required.

CHART G-: FCR INPUT PERSON/LOCATE REQUEST RECORD – ADD A PERSON TO THE FCR				
Field Name	Location	Length	A/N	Comments
Father's First Name	172-187	16	A/N	**Optional** This field must be at least one alphabetic character or all spaces. No special characters or embedded spaces can be present. • If you do not provide an SSN, this information may assist in identifying the person's SSN. • If you do not provide an SSN, but you provide sufficient optional information, the FCR utilizes SSA verification routines to attempt to identify the person's SSN. • If the father's last name is not present, this field must be spaces.
Father's Middle Initial	188	1	A/N	**Optional** This field must be alphabetic or a space. If the father's first name and father's last name are not present, this field must contain a space.
Father's Last Name	189-204	16	A/N	**Optional** This field must be at least one alphabetic character or all spaces. No special characters or embedded spaces, except hyphens, can be present. • If you do not provide an SSN, this information may assist in identifying the person's SSN. • If you do not provide an SSN, but you provide sufficient optional information, the FCR utilizes SSA verification routines to attempt to identify the person's SSN. • If the father's first name is not present, this field must be spaces.

CHART G-: FCR INPUT PERSON/LOCATE REQUEST RECORD – ADD A PERSON TO THE FCR				
Field Name	Location	Length	A/N	Comments
Mother's First Name	205-220	16	A/N	**Optional** This field must be at least one alphabetic character or all spaces. No special characters or embedded spaces can be present. • If you do not provide an SSN, this information may assist in identifying the person's SSN. • If you do not provide an SSN, but you provide sufficient optional information, the FCR utilizes SSA verification routines to attempt to identify the person's SSN. • If the mother's maiden name is not present, this must be spaces.
Mother's Middle Initial	221	1	A/N	**Optional** This field must be alphabetic or a space. • If the mother's first name and mother's maiden name are not present, this field must be a space. • If the mother's first name and mother's maiden name are not present, this field must contain a space.
Mother's Maiden Name	222-237	16	A/N	**Optional** This field must be at least one alphabetic character or spaces. No special characters or embedded spaces, except hyphens, can be present. • If you do not provide an SSN, this information may assist in identifying the person's SSN. • If you do not provide an SSN, but you provide sufficient optional information, the FCR utilizes SSA verification routines to attempt to identify the person's SSN. • If the mother's first name is not present, this field must be spaces.

CHART G-: FCR INPUT PERSON/LOCATE REQUEST RECORD – ADD A PERSON TO THE FCR				
Field Name	Location	Length	A/N	Comments
IRS-U SSN	238-246	9	A/N	**Conditionally Required** Enter the SSN of the spouse of the person added or located via the FCR when there is reason to believe a joint federal tax return was filed. Enter the SSN of the custodial party here. Include this information in the record only to request the FCR access IRS information to obtain the SSN. • If this field is present, and all other SSN identification sources fail to identify an SSN, the FCR only accesses IRS information to identify an SSN. • If present, this field must be numeric. It must not be all zeroes, all sixes, or all nines. • If this field is not present, either the date of birth or the SSN must be present so the FCR can attempt to identify an SSN for the person.
Additional SSN 1	247-255	9	A/N	**Optional** • If multiple SSNs are applicable, use this field to submit an additional SSN for the person. • If present, this field must be numeric. It must not be all zeroes, all sixes, or all nines.
Additional SSN 2	256-264	9	A/N	**Optional** If present, this field must conform to the specifications in the Additional SSN 1 field.

CHART G-: FCR INPUT PERSON/LOCATE REQUEST RECORD – ADD A PERSON TO THE FCR				
Field Name	Location	Length	A/N	Comments
Additional First Name 1	265-280	16	A/N	**Optional** Use this field to record an additional or alias first name on the FCR for the person. • If the additional last name 1 is present, this field must be at least one alphabetic character. No special characters or embedded spaces can be present. • If the additional last name 1 is not present, this field must be spaces.
Additional Middle Name 1	281-296	16	A/N	**Optional** Use this field to record an additional or alias middle name on the FCR for the person. • If present, it must be at least one alphabetic character. No special characters or embedded spaces can be present. • If the additional first name 1 and additional last name 1 are not present, this field must be spaces.
Additional Last Name 1	297-326	30	A/N	**Optional** Use this field to record an additional or alias last name on the FCR for the person. • If the additional first name 1 is present, this field must be at least one alphabetic character. No embedded spaces or special characters other than hyphens can be present. • If the additional first name 1 is not present, this must be spaces.
Additional First Name 2	327-342	16	A/N	**Optional** If present, this field must conform to specifications in the Additional First Name 1 field.

CHART G-: FCR INPUT PERSON/LOCATE REQUEST RECORD – ADD A PERSON TO THE FCR				
Field Name	Location	Length	A/N	Comments
Additional Middle Name 2	343-358	16	A/N	**Optional** If present, this field must conform to the specifications in the Additional Middle Name 1 field.
Additional Last Name 2	359-388	30	A/N	**Optional** If present, this field must conform to the specifications in the Additional Last Name 1 field.
Additional First Name 3	389-404	16	A/N	**Optional** If present, this field must conform to the specifications in the Additional First Name 1 field.
Additional Middle Name 3	405-420	16	A/N	**Optional** If present, this field must conform to the specifications in the Additional Middle Name 1 field.
Additional Last Name 3	421-450	30	A/N	**Optional** If present, this field must conform to the specifications in the Additional Last Name 1 field.
Additional First Name 4	451-466	16	A/N	**Optional** If present, this field must conform to the specifications in the Additional First Name 1 field.
Additional Middle Name 4	467-482	16	A/N	**Optional** If present, this field must conform to the specifications in the Additional Middle Name 1 field.

CHART G-: FCR INPUT PERSON/LOCATE REQUEST RECORD – ADD A PERSON TO THE FCR				
Field Name	Location	Length	A/N	Comments
Additional Last Name 4	483-512	30	A/N	**Optional** If present, this field must conform to specifications in the Additional Last Name 1 field.
New Member ID	513-527	15	A/N	**Not Allowed.** This field must be all spaces.
IRS-1099	528	1	A/N	**Optional** If you are adding the person to the FCR, use this field to initiate a request for Locate from the IRS-1099. IRS-1099 data is only available if you have an approved IRS-1099 agreement with OCSE. Y – You request IRS-1099 as a Locate source. Space – You do not request IRS-1099 as a Locate source.

CHART G-: FCR INPUT PERSON/LOCATE REQUEST RECORD – ADD A PERSON TO THE FCR				
Field Name	Location	Length	A/N	Comments
Locate Source 1	529-531	3	A/N	**Optional** If you are adding the person to the FCR, use this field to initiate a request for Locate processing. This field must be spaces or one of these codes: ALL – Send a search request to all available Locate sources (Does not include IRS-1099). A01 – Send a search request to the DoD. This code also sends a search request to the OPM. A02 – Send a search request to the FBI for their employees. A03 – Send a search request to the NSA for their employees. C01 – Send a search request to the IRS (non-1099). C03 – Send a search request to the AWR. E01 – Send a search request to the SSA SVES. F01 – Send a search request to the VA. Spaces – No Locate requested. **Note:** The NDNH is not an applicable Locate source when a person is added to the FCR because the FCR automatically searches and returns NDNH data when a CP, NCP, or PF participant in a IV-D case is added to the FCR.
Locate Source 2	532-534	3	A/N	**Optional** If present, this field must be a valid Locate source code, as defined in the Locate Source 1 field, except 'ALL.' Enter Locate source codes using each available Locate Source field consecutively. Do not duplicate Locate source codes in a record.

CHART G-: FCR INPUT PERSON/LOCATE REQUEST RECORD – ADD A PERSON TO THE FCR				
Field Name	Location	Length	A/N	Comments
Locate Source 3	535-537	3	A/N	**Optional** If present, this field must be a valid Locate source code, as defined in the Locate Source 2 field.
Locate Source 4	538-540	3	A/N	**Optional** If present, this field must be a valid Locate source code, as defined in the Locate Source 2 field.
Locate Source 5	541-543	3	A/N	**Optional** If present, this field must be a valid Locate source code, as defined in the Locate Source 2 field.
Locate Source 6	544-546	3	A/N	**Optional** If present, this field must be a valid Locate source code, as defined in the Locate Source 2 field.
Locate Source 7	547-549	3	A/N	**Optional** If present, this field must be a valid Locate source code, as defined in the Locate Source 2 field.
Locate Source 8	550-552	3	A/N	**Optional** If present, this field must be a valid Locate source code, as defined in the Locate Source 2 field.
Filler	553-573	21	A/N	**This field is for a future version.** Currently, fill this with spaces.
Filler	574-588	15	A/N	**Reserved for FCR processing.** Currently, fill this with spaces.

CHART G-: FCR INPUT PERSON/LOCATE REQUEST RECORD – ADD A PERSON TO THE FCR				
Field Name	Location	Length	A/N	Comments
Incorrect SSN	589-597	9	A/N	**Optional** If present, this field must contain the SSN you are notifying the FCR as incorrect, and does not belong to your case participant.
Filler	598-640	43	A/N	**This field is for a future version.** Currently, fill this with spaces.

CHART G-: FCR INPUT PERSON/LOCATE REQUEST RECORD – CHANGE A PERSON ON THE FCR				
Field Name	Location	Length	A/N	Comments
Record Identifier	1-2	2	A/N	**Required** This field must contain the characters 'FP.'
Action Type Code	3	1	A/N	**Required** This field must contain a 'C' to change information for a person previously added to the FCR.
Case ID	4-18	15	A/N	**Required** This field must contain the case ID previously stored on the FCR for the person. It must not be all spaces or all zeroes, and the first position must not be a space.
Filler	19-20	2	A/N	**Reserved for Internal Processing.** This field must be spaces.
User Field	21-35	15	A/N	**Optional** Use this field for identifying information. The FCR information in this field on the Acknowledgement/Error Response and, when applicable, the Locate response.
FIPS County Code	36-38	3	A/N	**Optional** Use this field for your internal purposes. If present, this field must be positions 3-5 of the numeric FIPS state/territory and county codes. Refer to the *Department of Commerce FIPS Code Manual, National Institute of Standards and Technology*, FIPS PUB 6-4. FIPS codes are on the internet at http://www.itl.nist.gov. The FCR returns the information in this field on the Acknowledgement/ Error Response.

CHART G-: FCR INPUT PERSON/LOCATE REQUEST RECORD – CHANGE A PERSON ON THE FCR				
Field Name	Location	Length	A/N	Comments
Filler	39-40	2	A/N	**This field is for a future version.** Currently, fill this with spaces.
Locate Request Type	41-42	2	A/N	**Optional** If you are changing person information on the FCR, this field can initiate a request for Locate processing. The Locate request type must be consistent with the person's case type. Refer to Chart 6-14, "Types of Locate Requests," for an explanation of the information available based on the Locate request type code. This field must contain this code or spaces: CS – Request for IV-D purposes
Filler	43	1	A/N	**This field is for a future version.** Currently, fill this with spaces.
Participant Type Code	44-45	2	A/N	**Optional** Use this field to change a person's participant type on the FCR. This field must contain spaces or one of these codes: CP – Custodial party CH – Child NP – Noncustodial parent PF – Putative father (allowed for IV-D cases only) Spaces – participant type for the person on the FCR not changing

CHART G-: FCR INPUT PERSON/LOCATE REQUEST RECORD – CHANGE A PERSON ON THE FCR				
Field Name	Location	Length	A/N	Comments
Family Violence	46-47	2	A/N	**Optional** Use this field to add or remove the FV indicator on the FCR for the person. This field must be spaces or one of these values: FV – Family Violence associated with the person XX– Remove existing FV indicator from the FCR for the person Spaces – There is no change to the FV Indicator
Member ID	48-62	15	A/N	**Required** This field must contain the member ID used to add the person to the FCR.
Sex Code	63	1	A/N	**Conditionally Required** This field must be an 'F,' 'M,' or space. • If possible, this information should be provided when changing the person's SSN or submitting an additional SSN for the person. It is useful in the SSN verification. • If you do not submit an SSN and ESKARI information is present, this field must equal 'F' or 'M.' F – Female M – Male Space – Unknown or not available

CHART G-: FCR INPUT PERSON/LOCATE REQUEST RECORD – CHANGE A PERSON ON THE FCR				
Field Name	Location	Length	A/N	Comments
Date of Birth	64-71	8	A/N	**Optional** This field must be spaces or a valid date in CCYYMMDD format. • If possible, you should provide this information when changing the person's SSN or submitting an additional SSN for the person for use in the SSN verification. • If the Change transaction does not involve a change to the SSN, the FCR does not use the date of birth, if present, to update the existing date of birth on the FCR for a person with a verified SSN.
SSN	72-80	9	A/N	**Conditionally Required** • If the previous SSN is not spaces or zeroes, this field must be present. • If present, this field must be numeric. It must not be all zeroes, all sixes, or all nines.
Previous SSN	81-89	9	A/N	**Optional** Use this field to identify the SSN used to add the person to the FCR. • If present, it must be numeric and match to the SSN of the person on the FCR. It must not be all zeroes, all sixes, or all nines. • If this field is not equal to spaces, the Primary SSN field must contain the new SSN for the person.
First Name	90-105	16	A/N	**Optional** This field must be spaces or at least one alphabetic character. No special characters or embedded spaces can be present. This field must be present when changing the persons SSN on the FCR or adding an additional SSN for the person. If the last name is not present, this field must be spaces.

CHART G-: FCR INPUT PERSON/LOCATE REQUEST RECORD – CHANGE A PERSON ON THE FCR				
Field Name	Location	Length	A/N	Comments
Middle Name	106-121	16	A/N	**Optional** This field must not contain special characters or embedded spaces. If the first name and last name are not present, this must be spaces.
Last Name	122-151	30	A/N	**Optional** This field must be spaces or at least one alphabetic character. No embedded spaces or special characters other than hyphens can be present. This field must be present when changing the persons SSN on the FCR or adding an additional SSN for the person. If the first name is not present, this field must be spaces.
City of Birth	152-167	16	A/N	**Optional** This field must be all spaces or valid alphabetic characters with no embedded spaces. • If you do not provide an SSN, this information may assist in identifying the person's SSN. • If you do not provide an SSN, but you provide sufficient optional information, the FCR utilizes SSA verification routines to attempt to identify the person's SSN. Refer to Section 5.3.1, "SSN Verification in the FCR," for an explanation of this process and the combination of the fields required.

CHART G-: FCR INPUT PERSON/LOCATE REQUEST RECORD – CHANGE A PERSON ON THE FCR				
Field Name	Location	Length	A/N	Comments
State or Country of Birth	168-171	4	A/N	**Optional** • If present, this field must be one of these: 1. the two-character alphabetic FIPS code of the state of birth, left-justified 2. the two-character alphabetic FIPS code of the country of birth and an asterisk, left-justified 3. the four-character alphanumeric FIPS code of the country and province of birth 4. or all spaces • If you do not provide an SSN, this information may assist in identifying the person's SSN. • If you do not provide an SSN, but you provide sufficient optional information, the FCR utilizes SSA verification routines to attempt to identify the person's SSN. Refer to Section 5.3.1, "SSN Verification in the FCR," for an explanation of this process and the combination of fields required. For valid codes, refer to Appendix F, or to the Department of Commerce *FIPS Code Manual, National Institute of Standards and Technology*, FIPS PUB 10-4 for the FIPS country codes and FIPS PUB 6-4 for a list of the state codes. FIPS codes are on the internet at http://www.itl.nist.gov.

CHART G-: FCR INPUT PERSON/LOCATE REQUEST RECORD – CHANGE A PERSON ON THE FCR				
Field Name	Location	Length	A/N	Comments
Father's First Name	172-187	16	A/N	**Optional** This field must be at least one alphabetic character or spaces. No special characters or embedded spaces can be present. • If you do not provide an SSN, this information may assist in identifying the person's SSN. • If you do not provide an SSN, but you provide sufficient optional information, the FCR utilizes SSA verification routines to attempt to identify the person's SSN. • If the father's last name is not present, this field must be spaces.
Father's Middle Initial	188	1	A/N	**Optional** This field must be alphabetic or a space. If the father's first name and father's last name are not present, this field must contain a space.
Father's Last Name	189-204	16	A/N	**Optional** This field must be at least one alphabetic character or spaces. No embedded spaces or special characters other than hyphens can be present. • If you do not provide an SSN, this information may assist in identifying the person's SSN. • If you do not provide an SSN, but you provide sufficient optional information, the FCR utilizes SSA verification routines to attempt to identify the person's SSN. • If the father's first name is not present, this field must be spaces.

CHART G-: FCR INPUT PERSON/LOCATE REQUEST RECORD – CHANGE A PERSON ON THE FCR				
Field Name	Location	Length	A/N	Comments
Mother's First Name	205-220	16	A/N	**Optional** This field must be at least one alphabetic character or spaces. No special characters or embedded spaces can be present. • If you do not provide an SSN, this information may assist in identifying the person's SSN. • If you do not provide an SSN, but you provide sufficient optional information, the FCR utilizes SSA verification routines to attempt to identify the person's SSN. • If the mother's maiden name is not present, this must be spaces.
Mother's Middle Initial	221	1	A/N	**Optional** This field must be alphabetic or a space. If the mother's first name and mother's maiden name are not present, this field must contain a space.
Mother's Maiden Name	222-237	16	A/N	**Optional** This field must be at least one alphabetic character or spaces. No embedded spaces or special characters other than hyphens can be present. • If you do not provide an SSN, this information may assist in identifying the person's SSN. • If you do not provide an SSN, but you provide sufficient optional information, the FCR utilizes SSA verification routines to attempt to identify the person's SSN. • If the mother's first name is not present, this field must be spaces.

CHART G-: FCR INPUT PERSON/LOCATE REQUEST RECORD – CHANGE A PERSON ON THE FCR				
Field Name	Location	Length	A/N	Comments
IRS-U SSN	238-246	9	A/N	**Optional** Use this field to enter the SSN of the spouse of the person added or located via the FCR, when there is reason to believe a joint federal tax return was filed. Enter the SSN of the spouse of the NCP in this field. Include this information in the record only to request the FCR access IRS information to obtain the SSN. • If this field is present and all other SSN identification sources fail to identify an SSN, the FCR only accesses IRS information to identify an SSN. • If present, this field must be numeric. It must not be all zeroes, all sixes, or all nines.
Additional SSN 1	247-255	9	A/N	**Optional** • If multiple SSNs are applicable, use this field to submit an additional SSN for the person. • If present, this field must be numeric. It must not be all zeroes, all sixes, or all nines.
Additional SSN 2	256-264	9	A/N	**Optional** If present, this field must conform to the specifications in the Additional SSN 1 field.

CHART G-: FCR INPUT PERSON/LOCATE REQUEST RECORD – CHANGE A PERSON ON THE FCR				
Field Name	Location	Length	A/N	Comments
Additional First Name 1	265-280	16	A/N	**Optional** Use this field to add or change an additional first name for a person previously added to the FCR. • If the Additional Last Name 1 field is present, this field must contain at least one alphabetic character. No special characters or embedded spaces can be present. • If the Additional Last Name 1 field is not present, this field must be spaces.
Additional Middle Name 1	281-296	16	A/N	**Optional** Use this field to change or add an additional middle name for a person previously added to the FCR. This field must be spaces or at least one alphabetic character. No special characters or embedded spaces can be present. If the Additional First Name 1 and Additional Last Name 1 fields are not present, this field must be spaces.
Additional Last Name 1	297-326	30	A/N	**Optional** Use this field to submit or change the additional last name for a person previously added to the FCR. • If the Additional First Name 1 field is present, this field must be at least one alphabetic character. No embedded spaces or special characters other than hyphens can be present. • If the Additional First Name 1 field is not present, this field must be spaces.

CHART G-: FCR INPUT PERSON/LOCATE REQUEST RECORD – CHANGE A PERSON ON THE FCR				
Field Name	Location	Length	A/N	Comments
Additional First Name 2	327-342	16	A/N	**Optional** If present, this field must conform to the specifications in the Additional First Name 1 field.
Additional Middle Name 2	343-358	16	A/N	**Optional** If present, this field must conform to the specifications in the Additional Middle Name 1 field.
Additional Last Name 2	359-388	30	A/N	**Optional** If present, this field must conform to the specifications in the Additional Last Name 1 field.
Additional First Name 3	389-404	16	A/N	**Optional** If present, this field must conform to the specifications in the Additional First Name 1 field.
Additional Middle Name 3	405-420	16	A/N	**Optional** If present, this field must conform to the specifications in the Additional Middle Name 1 field.
Additional Last Name 3	421-450	30	A/N	**Optional** If present, this field must conform to the specifications in the Additional Last Name 1 field.
Additional First Name 4	451-466	16	A/N	**Optional** If present, this field must conform to the specifications in the Additional First Name 1 field.

CHART G-: FCR INPUT PERSON/LOCATE REQUEST RECORD – CHANGE A PERSON ON THE FCR				
Field Name	Location	Length	A/N	Comments
Additional Middle Name 4	467-482	16	A/N	**Optional** If present, this field must conform to the specifications in the Additional Middle Name 1 field.
Additional Last Name 4	483-512	30	A/N	**Optional** If present, this field must conform to the specifications in the Additional Last Name 1 field.
New Member ID	513-527	15	A/N	**Optional** Use this field to change the member ID of the person on the FCR.
IRS-1099	528	1	A/N	**Optional** Use this field to initiate a request for Locate from the IRS-1099 when changing person information on the FCR. IRS-1099 data is only available if you have an approved IRS-1099 agreement with OCSE. This field must be a 'Y' or a space. Y – You request IRS-1099 as a Locate source. Space – You do not request IRS-1099 as a Locate source.

CHART G-: FCR INPUT PERSON/LOCATE REQUEST RECORD – CHANGE A PERSON ON THE FCR				
Field Name	Location	Length	A/N	Comments
Locate Source 1	529-531	3	A/N	**Optional** Use this field to initiate a request for Locate processing when changing a person on the FCR. This field must be spaces or one of these valid Locate source codes: ALL – Send a search request to all available Locate sources. Does not include IRS-1099. A01 – Send a search request to the DoD. This code also sends a search request to the OPM. A02 – Send a search request to the FBI for their employees. A03 – Send a search request to the NSA for their employees. C01 – Send a search request to the IRS (non-1099). C03 – Send a search request to the AWR. E01 – Send a search request to the SSA SVES. F01 – Send a search request to the VA. H01 – Request a search of the NDNH. Spaces – No Locate requested.
Locate Source 2	532-534	3	A/N	**Optional** If present, this field must be a valid Locate source code, as defined in the Locate Source 1 field, except 'ALL.' Do not duplicate Locate source codes in a record. You must enter Locate source codes using each available Locate Source field consecutively.
Locate Source 3	535-537	3	A/N	**Optional** If present, this field must be a valid Locate source code, as defined in the Locate Source 2 field.

CHART G-: FCR INPUT PERSON/LOCATE REQUEST RECORD – CHANGE A PERSON ON THE FCR				
Field Name	Location	Length	A/N	Comments
Locate Source 4	538-540	3	A/N	**Optional** If present, this field must be a valid Locate source code, as defined in the Locate Source 2 field.
Locate Source 5	541-543	3	A/N	**Optional** If present, this field must be a valid Locate source code, as defined in the Locate Source 2 field.
Locate Source 6	544-546	3	A/N	**Optional** If present, this field must be a valid Locate source code, as defined in the Locate Source 2 field.
Locate Source 7	547-549	3	A/N	**Optional** If present, this field must be a valid Locate source code, as defined in the Locate Source 2 field.
Locate Source 8	550-552	3	A/N	**Optional** If present, this field must be a valid Locate source code, as defined in the Locate Source 2 field.
Filler	553-573	21	A/N	**This field is for a future version.** Currently, fill this field with spaces.
Filler	574-588	15	A/N	**Reserved for FCR processing.** Currently, fill this field with spaces.

CHART G-: FCR INPUT PERSON/LOCATE REQUEST RECORD – CHANGE A PERSON ON THE FCR				
Field Name	Location	Length	A/N	Comments
Incorrect SSN	589-597	9	A/N	**Optional** If present, this field must contain the SSN the state is notifying FCR as incorrect, and does not belong to their case participant.
Filler	598-640	43	A/N	**This field is for a future version.** Currently, fill this with spaces.

CHART G-: FCR INPUT PERSON/LOCATE REQUEST RECORD – DELETE A PERSON FROM A CASE				
Field Name	Location	Length	A/N	Comments
Record Identifier	1-2	2	A/N	**Required** This field must contain the characters 'FP'.
Action Type Code	3	1	A/N	**Required** This field must contain a 'D' to delete a person from a single case previously added to the FCR.
Case ID	4-18	15	A/N	**Required** The case ID must match the case ID previously associated with the person on the FCR. It must not be all spaces or all zeroes, and the first position must not be a space.
Filler	19-20	2	A/N	**Reserved for Internal Processing**. This field must be spaces.
User Field	21-35	15	A/N	**Optional** Use this field for identifying information. The FCR returns the information in this field on the Acknowledgement/Error Response.
FIPS County Code	36-38	3	A/N	**Optional** Use this field for your internal purposes. • If present, this field must be positions 3-5 of the numeric FIPS state/territory and county codes. Refer to the Department of Commerce *FIPS Code Manual, National Institute of Standards and Technology*, FIPS PUB. In addition, FIPS codes are on the Internet at http://www.itl.nist.gov. The FCR returns the information in this field on the Acknowledgement/ Error Response.

CHART G-: FCR INPUT PERSON/LOCATE REQUEST RECORD – DELETE A PERSON FROM A CASE				
Field Name	Location	Length	A/N	Comments
Filler	39-40	2	A/N	**This field is for a future version.** For the current version, fill with spaces.
Locate Request Type	41-42	2	A/N	**Not Used.** The Delete transaction ignores any entry in this field.
Filler	43	1	A/N	**Not Used.** The Delete transaction ignores any entry in this field.
Participant Type Code	44-45	2	A/N	**Not Used.** The Delete transaction ignores any entry in this field.
Family Violence	46-47	2	A/N	**Not Used.** The Delete transaction ignores any entry in this field.
Member ID	48-62	15	A/N	**Required** This field must contain the member ID used to add the person to the FCR.
Sex Code	63	1	A/N	**Not Used.** The Delete transaction ignores any entry in this field.
Date of Birth	64-71	8	A/N	**Not Used.** The Delete transaction ignores any entry in this field.
SSN	72-80	9	A/N	**Optional** This field must be spaces or the SSN used to add the person to the FCR. • If present, the FCR uses this field to confirm the match for the Delete transaction to the person on the FCR. • If present, this field must be numeric and match against the SSN of the person on the FCR. It must not be all zeroes, all sixes or all nines.
Previous SSN	81-89	9	A/N	**Not Allowed.** This field must be spaces.
First Name	90-105	16	A/N	**Not Used.** The Delete transaction ignores any entry in this field.
Middle Name	106-121	16	A/N	**Not Used.** The Delete transaction ignores any entry in this field.
Last Name	122-151	30	A/N	**Not Used.** The Delete transaction ignores any entry in this field.

CHART G-: FCR INPUT PERSON/LOCATE REQUEST RECORD – DELETE A PERSON FROM A CASE				
Field Name	Location	Length	A/N	Comments
City of Birth	152-167	16	A/N	**Not Allowed.** This field must be spaces.
State or Country of Birth	168-171	4	A/N	**Not Allowed.** This field must be spaces.
Father's First Name	172-187	16	A/N	**Not Allowed.** This field must be spaces.
Father's Middle Initial	188	1	A/N	**Not Allowed.** This field must be a space.
Father's Last Name	189-204	16	A/N	**Not Allowed.** This field must be spaces.
Mother's First Name	205-220	16	A/N	**Not Allowed.** This field must be spaces.
Mother's Middle Initial	221	1	A/N	**Not Allowed.** This field must be a space.
Mother's Maiden Name	222-237	16	A/N	**Not Allowed.** This field must be spaces.
IRS-U SSN	238-246	9	A/N	**Not Allowed.** This field must be spaces.
Additional SSN 1	247-255	9	A/N	**Not Used.** The Delete transaction ignores any entry in this field.
Additional SSN 2	256-264	9	A/N	**Not Used.** The Delete transaction ignores any entry in this field.
Additional First Name 1	265-280	16	A/N	**Not Used.** The Delete transaction ignores any entry in this field.
Additional Middle Name 1	281-296	16	A/N	**Not Used.** The Delete transaction ignores any entry in this field.
Additional Last Name 1	297-326	30	A/N	**Not Used.** The Delete transaction ignores any entry in this field.
Additional First Name 2	327-342	16	A/N	**Not Used.** The Delete transaction ignores any entry in this field.
Additional Middle Name 2	343-358	16	A/N	**Not Used.** The Delete transaction ignores any entry in this field.
Additional Last Name 2	359-388	30	A/N	**Not Used.** The Delete transaction ignores any entry in this field.

CHART G-: FCR INPUT PERSON/LOCATE REQUEST RECORD – DELETE A PERSON FROM A CASE				
Field Name	Location	Length	A/N	Comments
Additional First Name 3	389-404	16	A/N	**Not Used.** The Delete transaction ignores any entry in this field.
Additional Middle Name 3	405-420	16	A/N	**Not Used.** The Delete transaction ignores any entry in this field.
Additional Last Name 3	421-450	30	A/N	**Not Used.** The Delete transaction ignores any entry in this field.
Additional First Name 4	451-466	16	A/N	**Not Used.** The Delete transaction ignores any entry in this field.
Additional Middle Name 4	467-482	16	A/N	**Not Used.** The Delete transaction ignores any entry in this field.
Additional Last Name 4	483-512	30	A/N	**Not Used.** The Delete transaction ignores any entry in this field.
New Member ID	513-527	15	A/N	**Not Used.** The Delete transaction ignores any entry in this field.
IRS-1099	528	1	A/N	**Not Used.** The Delete transaction ignores any entry in this field.
Locate Source 1	529-531	3	A/N	**Not Used.** The Delete transaction ignores any entry in this field.
Locate Source 2	532-534	3	A/N	**Not Used.** The Delete transaction ignores any entry in this field.
Locate Source 3	535-537	3	A/N	**Not Used.** The Delete transaction ignores any entry in this field.
Locate Source 4	538-540	3	A/N	**Not Used.** The Delete transaction ignores any entry in this field.
Locate Source 5	541-543	3	A/N	**Not Used.** The Delete transaction ignores any entry in this field.
Locate Source 6	544-546	3	A/N	**Not Used.** The Delete transaction ignores any entry in this field.
Locate Source 7	547-549	3	A/N	**Not Used.** The Delete transaction ignores any entry in this field.
Locate Source 8	550-552	3	A/N	**Not Used.** The Delete transaction ignores any entry in this field.
Filler	553-640	88	A/N	**This field is for future versions.** For the current version, fill with spaces.

CHART G-: FCR INPUT PERSON/LOCATE REQUEST RECORD – INITIATE A LOCATE REQUEST				
Field Name	Location	Length	A/N	Comments
Record Identifier	1-2	2	A/N	**Required** This field must contain the characters 'FP.'
Action Type Code	3	1	A/N	**Required** This field must contain an 'L' to initiate a Locate for a person not being added to the FCR, or for a person previously added to the FCR.
Case ID	4-18	15	A/N	**Conditionally Required** • If the Locate request type is 'CS,' this field must contain a unique identifier you assigned to a IV-D case on the FCR for the person. • If the person is in multiple IV-D cases in your system, you must select one of the case IDs for the transaction. Do not submit Locate requests for each case ID. • If the Locate request type is not 'CS,' this field must contain all spaces or a unique identifier you assigned. • If a case ID is present, it must not be all zeroes, contain an asterisk or backslash, and the first position cannot be a space.
Filler	19-20	2	A/N	**Reserved for Internal Processing.** This field must be spaces.
User Field	21-35	15	A/N	**Optional** Use this field for identifying information. The FCR returns this information on the Acknowledgement/Error Response and the Locate Response.

CHART G-: FCR INPUT PERSON/LOCATE REQUEST RECORD – INITIATE A LOCATE REQUEST				
Field Name	Location	Length	A/N	Comments
FIPS County Code	36-38	3	A/N	**Optional** Use this field for your internal purposes. If present, this field must be positions 3-5 of the numeric FIPS state/territory and county codes. Refer to the Department of Commerce *FIPS Code Manual, National Institute of Standards and Technology*, FIPS PUB 6-4. In addition, FIPS codes are the internet at http://www.itl.nist.gov. The FCR returns the information in this field on the Locate response.
Filler	39-40	2	A/N	**This field is for a future version.** Currently, fill this with spaces.
Locate Request Type	41-42	2	A/N	**Required** Refer to Chart 6-14, "Types of Locate Requests," for an explanation of the information available based on the Locate request type code. This field must contain one of these codes: AD – Request for Adoption or Foster Care purposes CS – Request for IV-D purposes CV – Request for Custody and Visitation Establishment or Enforcement purposes LC – Request for Locate Only for Child Support purposes PK – Request for Parental Kidnapping purposes
Filler	43	1	A/N	**This field is for a future version.** Currently, fill this with spaces.

CHART G-: FCR INPUT PERSON/LOCATE REQUEST RECORD – INITIATE A LOCATE REQUEST				
Field Name	Location	Length	A/N	Comments
Participant Type Code	44-45	2	A/N	**Conditionally Required** This field must contain one of these codes to define the person's participant type in the case: CH – Child CP – Custodial party NP – Noncustodial parent PF – Putative father (allowed for IV-D cases only) Spaces – Participant type is unknown This field must be 'CH' when requesting Locate information for a child. For Locate Request Type 'AD,' this field must be 'CP,' 'NP,' or 'PF' to receive additional wage and income fields on response.
Family Violence	46-47	2	A/N	**Not Allowed.** This field must be spaces.
Member ID	48-62	15	A/N	**Optional** This field may be all spaces or your member ID.
Sex Code	63	1	A/N	**Conditionally Required** This field must be an 'F,' 'M,' or space. Provide this information when possible to assist in the SSN verification process. If you do not submit an SSN and ESKARI information is present, this field must equal 'F' or 'M.' F – Female M – Male Space – Unknown or not available

CHART G-: FCR INPUT PERSON/LOCATE REQUEST RECORD – INITIATE A LOCATE REQUEST				
Field Name	Location	Length	A/N	Comments
Date of Birth	64-71	8	A/N	**Conditionally Required** This field must be spaces or a valid date in CCYYMMDD format. If this field is not present, either the SSN or the IRS-U SSN must be present so the FCR can attempt to identify an SSN for the person.
SSN	72-80	9	A/N	**Conditionally Required** • If this field is not present, either the date of birth or the IRS-U SSN must be present so the FCR can attempt to identify an SSN for the person. • If present, this field must be numeric. It must not be all zeroes, all sixes, or all nines.
Previous SSN	81-89	9	A/N	**Not Allowed.** This field must be spaces.
First Name	90-105	16	A/N	**Required** At least one alphabetic character must be present. No special characters or embedded spaces can be present.
Middle Name	106-121	16	A/N	**Optional** This field must not contain special characters or embedded spaces.
Last Name	122-151	30	A/N	**Required** At least one alphabetic character must be present. No embedded spaces or special characters other than hyphens can be present.

CHART G-: FCR INPUT PERSON/LOCATE REQUEST RECORD – INITIATE A LOCATE REQUEST				
Field Name	Location	Length	A/N	Comments
City of Birth	152-167	16	A/N	**Optional** This field must be all spaces or valid alphabetic characters with no embedded spaces. • If you do not provide an SSN, this information may assist in identifying the person's SSN. • If you do not provide an SSN, but you provide sufficient optional information, the FCR utilizes SSA verification routines to attempt to identify the person's SSN. Refer to Section 5.3.1, "SSN Verification in the FCR," for an explanation of this process and the combination of fields required.

CHART G-: FCR INPUT PERSON/LOCATE REQUEST RECORD – INITIATE A LOCATE REQUEST				
Field Name	Location	Length	A/N	Comments
State or Country of Birth	168-171	4	A/N	**Optional** For valid codes, refer to Appendix F or to the *Department of Commerce FIPS Code Manual, National Institute of Standards and Technology*, FIPS PUB 10-4 for the FIPS country codes and FIPS PUB 6-4 for a list of the state codes. FIPS codes are on the Internet at http://www.itl.nist.gov. • If present, this field must be one of these: 1. the two-character alphabetic FIPS code of the state of birth, left-justified 2. the two-character alphabetic FIPS code of the country of birth and an asterisk, left-justified 3. the four-character alphanumeric FIPS code of the country and province of birth 4. or all spaces • If you do not provide an SSN, this information may assist in identifying the person's SSN. • If you do not provide an SSN, but you provide sufficient optional information, the FCR utilizes SSA verification routines to attempt to identify the person's SSN. Refer to Section 5.3.1, "SSN Verification in the FCR," for an explanation of this process and the combination of fields required.

CHART G-: FCR INPUT PERSON/LOCATE REQUEST RECORD – INITIATE A LOCATE REQUEST				
Field Name	Location	Length	A/N	Comments
Father's First Name	172-187	16	A/N	**Optional** This field must be at least one alphabetic character or spaces. No special characters or embedded spaces can be present. • If you do not provide an SSN, this information may assist in identifying the person's SSN. • If you do not provide an SSN, but you provide sufficient optional information, the FCR utilizes SSA verification routines to attempt to identify the person's SSN. • If the father's last name is not present, this field must be spaces.
Father's Middle Initial	188	1	A/N	**Optional** This field must be alphabetic or a space. If the father's first name and father's last name are not present, this field must contain a space.
Father's Last Name	189-204	16	A/N	**Optional** This field must be at least one alphabetic character or spaces. No embedded spaces or special characters other than hyphens can be present. • If you do not provide an SSN, this information may assist in identifying the person's SSN. • If you do not provide an SSN, but you provide sufficient optional information, the FCR utilizes SSA verification routines to attempt to identify the person's SSN. • If the father's first name is not present, this field must be spaces.

CHART G-: FCR INPUT PERSON/LOCATE REQUEST RECORD – INITIATE A LOCATE REQUEST				
Field Name	Location	Length	A/N	Comments
Mother's First Name	205-220	16	A/N	**Optional** This field must be at least one alphabetic character or spaces. No special characters or embedded spaces should be present. • If you do not provide an SSN, this information may assist in identifying the person's SSN. • If you do not provide an SSN, but you provide sufficient optional information, the FCR utilizes SSA verification routines to attempt to identify the person's SSN. • If the mother's maiden name is not present, this must be spaces.
Mother's Middle Initial	221	1	A/N	**Optional** This field must be alphabetic or a space. • If the mother's first name and mother's maiden name are not present, this field must be a space. • If the mother's first name and mother's maiden name are not present, this field must contain a space.
Mother's Maiden Name	222-237	16	A/N	**Optional** This field must be at least one alphabetic character or spaces. No embedded spaces or special characters other than hyphens can be present. • If you do not provide an SSN, this information may to assist in identifying the person's SSN. • If you do not provide an SSN, but you provide sufficient optional information, the FCR utilizes SSA verification routines to attempt to identify the person's SSN. • If the mother's first name is not present, this field must be spaces.

CHART G-: FCR INPUT PERSON/LOCATE REQUEST RECORD – INITIATE A LOCATE REQUEST				
Field Name	Location	Length	A/N	Comments
IRS-U SSN	238-246	9	A/N	**Conditionally Required** Use this field to enter the SSN of the spouse of the person being located via the FCR when there is reason to believe a joint federal tax return was filed. Enter the SSN of the custodial parent in this field. Include this information in the record only to request that the FCR access IRS information to obtain the SSN. • If this field is present and all other SSN identification sources fail to identify an SSN, the FCR only accesses IRS information to identify an SSN. • If present, this field must be numeric. It must not be all zeroes, all sixes, or all nines. • If this field is not present, either the date of birth or the SSN must be present so FCR can attempt to identify an SSN for the person.
Additional SSN 1	247-255	9	A/N	**Not Allowed.** This field must be spaces.
Additional SSN 2	256-264	9	A/N	**Not Allowed.** This field must be spaces.
Additional First Name 1	265-280	16	A/N	**Optional** Use this field to enter an alias first name for the person. Locates are performed on up to two alias names. No special characters or embedded spaces can be present. If the additional last name 1 is not present, this field must be spaces.

CHART G-: FCR INPUT PERSON/LOCATE REQUEST RECORD – INITIATE A LOCATE REQUEST				
Field Name	Location	Length	A/N	Comments
Additional Middle Name 1	281-296	16	A/N	**Optional** Use this field to enter an alias middle name for the person. Locates are performed on up to two alias names. • If present, this field must be valid alphabetic characters. No special characters or embedded spaces can be present. • If the additional first name 1 and additional last name 1 are not present, this field must be spaces.
Additional Last Name 1	297-326	30	A/N	**Optional** Use this field to enter an alias last name for the person. Locates are performed on up to two alias names. • If the additional first name 1 is present, this field must be at least one alphabetic character. No embedded spaces or special characters other than hyphens can be present. • If the additional first name 1 is not present, this must be spaces.
Additional First Name 2	327-342	16	A/N	**Optional** If present, this field must conform to specifications in the Additional First Name 1 field.
Additional Middle Name 2	343-358	16	A/N	**Optional** If present, this field must conform to the specifications in the Additional Middle Name 1 field.
Additional Last Name 2	359-388	30	A/N	**Optional** If present, this field must conform to the specifications in the Additional Last Name 1 field.

CHART G-: FCR INPUT PERSON/LOCATE REQUEST RECORD – INITIATE A LOCATE REQUEST				
Field Name	Location	Length	A/N	Comments
Additional First Name 3	389-404	16	A/N	**Not Used.** The Locate Request transaction ignores any entry in this field.
Additional Middle Name 3	405-420	16	A/N	**Not Used.** The Locate Request transaction ignores any entry in this field.
Additional Last Name 3	421-450	30	A/N	**Not Used.** The Locate Request transaction ignores any entry in this field.
Additional First Name 4	451-466	16	A/N	**Not Used.** The Locate Request transaction ignores any entry in this field.
Additional Middle Name 4	467-482	16	A/N	**Not Used.** The Locate Request transaction ignores any entry in this field.
Additional Last Name 4	483-512	30	A/N	**Not Used.** The Locate Request transaction ignores any entry in this field.
New Member ID	513-527	15	A/N	**Not Allowed.** This field must be all spaces.
IRS-1099	528	1	A/N	**Optional** Use this field to initiate a request for Locate information from the IRS-1099. IRS-1099 data are only available if you have an approved IRS-1099 agreement with OCSE. This field must be a 'Y' or a space. Y – You request IRS-1099 as a Locate source. Space – You do not request IRS-1099 as a Locate source.

CHART G-: FCR INPUT PERSON/LOCATE REQUEST RECORD – INITIATE A LOCATE REQUEST				
Field Name	Location	Length	A/N	Comments
Locate Source 1	529-531	3	A/N	**Conditionally Required** If the IRS-1099 field does not equal 'Y,' this field must be present and one of these Locate source codes: ALL – Send a search request to all available Locate sources. Does not include IRS-1099. A01 – Send a search request to the DoD. This code also sends a search request to the OPM. A02 – Send a search request to the FBI for their employees. A03 – Send a search request to the NSA for their employees. C01 – Send a search request to the IRS (non-1099). C03 – Send a search request to the AWR. E01 – Send a search request to the SSA SVES. F01 – Send a search request to the VA. H01 – Request a search of the NDNH. Spaces – No Locate requested.
Locate Source 2	532-534	3	A/N	**Optional** If present, this field must be a valid Locate source code, as defined in the Locate Source 1 field, except 'ALL.' Do not duplicate Locate source codes in a record. You must enter Locate source codes using each available Locate Source field consecutively.
Locate Source 3	535-537	3	A/N	**Optional** If present, this field must be a valid Locate source code, as defined in the Locate Source 2 field.

CHART G-: FCR INPUT PERSON/LOCATE REQUEST RECORD – INITIATE A LOCATE REQUEST				
Field Name	Location	Length	A/N	Comments
Locate Source 4	538-540	3	A/N	**Optional** If present, this field must be a valid Locate source code, as defined in the Locate Source 2 field.
Locate Source 5	541-543	3	A/N	**Optional** If present, this field must be a valid Locate source code, as defined in the Locate Source 2 field.
Locate Source 6	544-546	3	A/N	**Optional** If present, this field must be a valid Locate source code, as defined in the Locate Source 2 field.
Locate Source 7	547-549	3	A/N	**Optional** If present, this field must be a valid Locate source code, as defined in the Locate Source 2 field.
Locate Source 8	550-552	3	A/N	**Optional** If present, this field must be a valid Locate source code, as defined in the Locate Source 2 field.
Filler	553-640	88	A/N	**This field is for a future version.** Currently, fill this with spaces.

CHART G-: FCR INPUT PERSON/LOCATE REQUEST RECORD – TERMINATE AN OPEN LOCATE REQUEST				
Field Name	Location	Length	A/N	Comments
Record Identifier	1-2	2	A/N	**Required** This field must contain the characters 'FP'.
Action Type Code	3	1	A/N	**Required** This field must contain a 'T' to terminate an open Locate request.
Case ID	4-18	15	A/N	**Optional** This field must contain all spaces or the unique identifier assigned to the case by the state/territory. If a case ID is present, it must not be all zeroes and the first position must not be a space.
Filler	19-20	2	A/N	**Reserved for Internal Processing**. This field must be spaces.
User Field	21-35	15	A/N	**Optional** Use this field for identifying information. The FCR returns the information in this field on the Acknowledgement/Error Response.
FIPS County Code	36-38	3	A/N	**Optional** Use this field for your internal purposes. FIPS codes are on the Internet at http://www.itl.nist.gov. The FCR returns the information in this field on the Acknowledgement/ Error Response. • If present, this field must be positions 3-5 of the numeric FIPS state/territory and county codes. Refer to the Department of Commerce *FIPS Code Manual, National Institute of Standards and Technology*, FIPS PUB 6-4.

CHART G-: FCR INPUT PERSON/LOCATE REQUEST RECORD – TERMINATE AN OPEN LOCATE REQUEST				
Field Name	Location	Length	A/N	Comments
Filler	39-40	2	A/N	**This field is for a future version.** For the current version, fill with spaces.
Locate Request Type	41-42	2	A/N	**Required** Refer to Chart 6-14, "Types of Locate Requests," for an explanation of the information available based on the Locate request type code. This field must contain one of these codes and match an open Locate on the FCR: AD – Request for Adoption or Foster Care purposes CS – Request for IV-D purposes CV – Request for Custody and Visitation Establishment or Enforcement purposes LC – Request for Locate Only for Child Support purposes PK – Request for Parental Kidnapping purposes
Filler	43	1	A/N	**Not Used.** The Terminate transaction ignores any entry in this field.
Participant Type Code	44-45	2	A/N	**Not Used.** The Terminate transaction ignores any entry in this field.
Family Violence	46-47	2	A/N	**Not Used.** The Terminate transaction ignores any entry in this field.
Member ID	48-62	15	A/N	**Not Used.** The Terminate transaction ignores any entry in this field.
Sex Code	63	1	A/N	**Not Used.** The Terminate transaction ignores any entry in this field.
Date of Birth	64-71	8	A/N	**Not Used.** The Terminate transaction ignores any entry in this field.
SSN	72-80	9	A/N	**Required** This field must be present. This field must be numeric and match the SSN of an open Locate request. It must not be all zeroes, all sixes or all nines.

CHART G-: FCR INPUT PERSON/LOCATE REQUEST RECORD – TERMINATE AN OPEN LOCATE REQUEST				
Field Name	Location	Length	A/N	Comments
Previous SSN	81-89	9	A/N	**Not Allowed.** This field must be spaces.
First Name	90-105	16	A/N	**Not Used.** The Terminate transaction ignores any entry in this field.
Middle Name	106-121	16	A/N	**Not Used.** The Terminate transaction ignores any entry in this field.
Last Name	122-151	30	A/N	**Not Used.** The Terminate transaction ignores any entry in this field.
City of Birth	152-167	16	A/N	**Not Used.** The Terminate transaction ignores any entry in this field.
State or Country of Birth	168-171	4	A/N	**Not Used.** The Terminate transaction ignores any entry in this field.
Father's First Name	172-187	16	A/N	**Not Used.** The Terminate transaction ignores any entry in this field.
Father's Middle Initial	188	1	A/N	**Not Used.** The Terminate transaction ignores any entry in this field.
Father's Last Name	189-204	16	A/N	**Not Used.** The Terminate transaction ignores any entry in this field.
Mother's First Name	205-220	16	A/N	**Not Used.** The Terminate transaction ignores any entry in this field.
Mother's Middle Initial	221	1	A/N	**Not Used.** The Terminate transaction ignores any entry in this field.
Mother's Maiden Name	222-237	16	A/N	**Not Used.** The Terminate transaction ignores any entry in this field.
IRS-U SSN	238-246	9	A/N	**Not Used.** The Terminate transaction ignores any entry in this field.
Additional SSN 1	247-255	9	A/N	**Not Used.** The Terminate transaction ignores any entry in this field.
Additional SSN 2	256-264	9	A/N	**Not Used.** The Terminate transaction ignores any entry in this field.
Additional First Name 1	265-280	16	A/N	**Not Used.** The Terminate transaction ignores any entry in this field.
Additional Middle Name 1	281-296	16	A/N	**Not Used.** The Terminate transaction ignores any entry in this field.

CHART G-: FCR INPUT PERSON/LOCATE REQUEST RECORD – TERMINATE AN OPEN LOCATE REQUEST				
Field Name	Location	Length	A/N	Comments
Additional Last Name 1	297-326	30	A/N	**Not Used.** The Terminate transaction ignores any entry in this field.
Additional First Name 2	327-342	16	A/N	**Not Used.** The Terminate transaction ignores any entry in this field.
Additional Middle Name 2	343-358	16	A/N	**Not Used.** The Terminate transaction ignores any entry in this field.
Additional Last Name 2	359-388	30	A/N	**Not Used.** The Terminate transaction ignores any entry in this field.
Additional First Name 3	389-404	16	A/N	**Not Used.** The Terminate transaction ignores any entry in this field.
Additional Middle Name 3	405-420	16	A/N	**Not Used.** The Terminate transaction ignores any entry in this field.
Additional Last Name 3	421-450	30	A/N	**Not Used.** The Terminate transaction ignores any entry in this field.
Additional First Name 4	451-466	16	A/N	**Not Used.** The Terminate transaction ignores any entry in this field.
Additional Middle Name 4	467-482	16	A/N	**Not Used.** The Terminate transaction ignores any entry in this field.
Additional Last Name 4	483-512	30	A/N	**Not Used.** The Terminate transaction ignores any entry in this field.
New Member ID	513-527	15	A/N	**Not Allowed.** This field must be all spaces.
IRS-1099	528	1	A/N	**Conditionally Required** This field must match the information submitted on the Locate request being terminated.
Locate Source 1	529-531	3	A/N	**Conditionally Required** This field must match the information submitted on the Locate request being terminated.

CHART G-: FCR INPUT PERSON/LOCATE REQUEST RECORD – TERMINATE AN OPEN LOCATE REQUEST				
Field Name	Location	Length	A/N	Comments
Locate Source 2	532-534	3	A/N	**Conditionally Required** This field must match the information submitted on the Locate request being terminated.
Locate Source 3	535-537	3	A/N	**Conditionally Required** This field must match the information submitted on the Locate request being terminated.
Locate Source 4	538-540	3	A/N	**Conditionally Required** This field must match the information submitted on the Locate request being terminated.
Locate Source 5	541-543	3	A/N	**Conditionally Required** This field must match the information submitted on the Locate request being terminated.
Locate Source 6	544-546	3	A/N	**Conditionally Required** This field must match the information submitted on the Locate request being terminated.
Locate Source 7	547-549	3	A/N	**Conditionally Required** This field must match the information submitted on the Locate request being terminated.
Locate Source 8	550-552	3	A/N	**Conditionally Required** This field must match the information submitted on the Locate request being terminated.

CHART G-: FCR INPUT PERSON/LOCATE REQUEST RECORD – TERMINATE AN OPEN LOCATE REQUEST				
Field Name	Location	Length	A/N	Comments
Filler	553-640	88	A/N	This field is for future versions. For the current version, fill with spaces.

CHART G-: FCR INPUT QUERY RECORD				
Field Name	Location	Length	A/N	Comments
Record Identifier	1-2	2	A/N	**Required** This field must contain the characters 'FR'.
Action Type Code	3	1	A/N	**Required** This field must contain one of these values: A– Initiate an FCR Query Request to obtain information from the submitter state, and other states, for the person on the FCR. F – Initiate an FCR Query Request to obtain information for the person from other states.
Case ID	4-18	15	A/N	**Required** This field must be present and match a case ID on the FCR for the person who is the object of the query. It must not be all spaces, all zeroes, contain an asterisk or backslash and the first position must not be a space. • If the person is in multiple IV-D cases in your system, select one of the case IDs for the transaction. Do not submit FCR Input Query records for each case ID.
User Field	19-33	15	A/N	**Optional** Use this field for identifying information. The FCR returns the information in this field on the Query response.

CHART G-: FCR INPUT QUERY RECORD				
Field Name	Location	Length	A/N	Comments
FIPS County Code	34-36	3	A/N	**Optional** Use this field for your internal purposes. FIPS codes are on the Internet at http://www.itl.nist.gov. The FCR returns the information in this field on the Query response. • If present, this field must be positions 3-5 of the numeric FIPS state/territory and county codes. Refer to the Department of Commerce *FIPS Code Manual, National Institute of Standards and Technology*, FIPS PUB 6-4.
Filler	37-38	2	A/N	**This field is for a future version.** For the current version, fill with spaces.
Member ID	39-53	15	A/N	**Conditionally Required** This field must be present if the SSN is not present. • If present, this must be the member ID stored on the FCR.
SSN	54-62	9	A/N	**Conditionally Required** This field must be present if the member ID is not present. • If present, this field must be numeric and match to the SSN of the person on the FCR. It must not be all zeroes, all sixes or all nines.
Filler	63-64	2	A/N	**Reserved for Internal Processing.** This field must be spaces.
Filler	65-640	576	A/N	**This field is for future versions.** For the current version, fill with spaces.

CHART G-: FCR INPUT TRAILER RECORD				
Field Name	Location	Length	A/N	Comments
Record Identifier	1-2	2	A/N	**Required** This must contain the characters 'FZ'.
Record Count	3-10	8	N	**Required** This field must equal the number of records submitted in the batch, including the FCR Header and Trailer records.
Filler	11-640	630	A/N	**This field is for future versions.** For the current version, fill with spaces.

CHART G-: FCR CHANGE OF ADDRESS VERIFICATION REQUEST RECORD				
Field Name	Location	Length	A/N	Comments
Record Identifier	1-2	2	A/N	**Required** This field must contain the characters 'NC'.
Verification Request Indicator	3	1	A/N	**Required** This field must contain the character 'V' to indicate this record is a Request record for NCOA[Link®].
Filler	4-18	15	A/N	**Reserved for Internal Processing** This field must contain spaces.
Transmitter State/Territory Code	19-20	2	A/N	**Required** This field must contain the two-digit numeric FIPS code of the state or territory transmitting data to the FCR. Refer to Appendix F or the *Department of Commerce FIPS Code Manual, National Institute of Standards and Technology*, FIPS PUB 6-4. FIPS codes are on the Internet at http://www.itl.nist.gov.
Filler	21-64	44	A/N	**Reserved for Internal Processing.** This field must contain spaces.
First Name Text	65-80	16	A/N	**Required** This field must contain the first name of the person whose name and address is to be sent to NCOA[Link®]. This field must contain at least one alphabetic character. No special characters or imbedded spaces can be present.
Middle Name Text	81-96	16	A/N	**Optional** This field must contain the middle name or spaces. • If present, it must be at least one alphabetic character. No special characters or imbedded spaces can be present.

CHART G-: FCR CHANGE OF ADDRESS VERIFICATION REQUEST RECORD				
Field Name	Location	Length	A/N	Comments
Last Name Text	97-126	30	A/N	**Required** This field must contain the last name of the person whose name and address is sent to NCOA$^{Link®}$. This field must contain at least one alphabetic character. No imbedded blanks or special characters, except a hyphen, can be present.
Filler	127-160	34	A/N	**Reserved for Internal Processing.** This field must contain spaces.
Submitted Address Line 1 Text	161-200	40	A/N	**Required** This field must contain the person's first line of address to verify at NCOA$^{Link®}$.
Submitted Address Line 2 Text	201-240	40	A/N	**Optional** Use this field for the person's second line of address to verify at NCOA$^{Link®}$ or spaces.
Submitted City Name	241-260	20	A/N	**Required** This field must contain the city name associated with the address.
Submitted State Code	261-262	2	A/N	**Required** This field must contain the state code associated with the address.
Submitted ZIP Code	263-271	9	A/N	**Required** This field must contain the ZIP code associated with the address. The first five positions (263-267) must be numeric and not equal to zero. The last four positions (268-271) may be spaces or all numeric.
Filler	272-313	42	A/N	**Reserved for Internal Processing**. This field must contain spaces.

CHART G-: FCR CHANGE OF ADDRESS VERIFICATION REQUEST RECORD				
Field Name	Location	Length	A/N	Comments
SSN	314-322	9	N	**Required** This field must contain the person's SSN matched against the FCR. This field must be numeric. The SSN must not be all zeroes, all sixes or all nines.
Member Identifier	323-337	15	A/N	**Optional** Use this field for your member ID. The FCR returns the information in this field on the FCR Change of Address Verification Response record.
User Field	338-352	15	A/N	**Optional** Use this field for identifying information. The FCR returns the information in this field on the FCR Change of Address Verification Response record.
Filler	353-640	288	A/N	**Reserved for Internal Processing.** This field must contain spaces.

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Public reporting burden for this collection of information is estimated to average 2 minutes per transaction, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

G.1. Version History

This chart presents a log of the changes made to this document since its previous publication.

VERSION 15.0: REVISIONS	
Part/Section/ Chart/Figure	Description of Change
Chart G-6	Updated for Release 13-01 to add Locate Source C03 for AWR
Chart G-7	Updated for Release 13-01 to add Locate Source C03 for AWR
Chart G-9	Updated for Release 13-01 to add Locate Source C03 for AWR