

MEMORANDUM TO: Melody Braswell
Department Clearance Officer
United States Department of Justice

FROM: Joey L. Hixenbaugh
Acting Section Chief
Biometric Services Section
Federal Bureau of Investigation

SUBJECT: Revision of an existing approved collection (OMB 1110-0046)

Attached is the Friction Ridge Card information collection request (ICR), FD-249 Arrest and Institution Fingerprint Card (Criminal), FD-258 Applicant Fingerprint Card, FD-884 FBI Standard Palm Print Card, FD-884a Standard Supplemental Finger and Palm Print Card, and FD-1164 Identity History Summary Request. Additionally, the introduction of two new Fingerprint Cards: (FD-1212) Voluntary Appeal File (VAF) Fingerprint Card and (FD-1211) Firearm-Related Challenge Fingerprint Card. The requirements of this collection are proscribed by Title 28, United States Code, Section 534. These forms are the means by which federal, state, and local agencies, as well as individuals, submit friction ridge identification information.

The following documents are contained in this ICR package:

1. Supporting Statement for Paperwork Reduction Act Submission with burden statement
2. Law or authority mandating the information collection
3. Certification Statement
4. OMB form 83-I Paperwork Reduction Act Submission
5. Forms used to collect the information
6. 60-day ICR notice that will be published in the Federal Register
7. 30-day ICR notice that will be published in the Federal Register

If there are any questions concerning this ICR, please contact Larry Cotton-Zinn, Federal Bureau of Investigation, Criminal Justice Information Services Division, Criminal History Information and Policy Unit, 1000 Custer Hollow Road, Clarksburg, West Virginia 26306; telephone (304) 625-2873, email <lcotton-zinn@fbi.gov>.

Thank you

PAPERWORK REDUCTION ACT SUBMISSION

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

1. Agency/Subagency originating request DOJ/FBI/CJIS Division	2. OMB control number b. <input type="checkbox"/> None a. <u>1110</u> - <u>0046</u>
3. Type of information collection (<i>check one</i>) a. <input type="checkbox"/> New Collection b. <input type="checkbox"/> Revision of a currently approved collection c. Extension of a currently approved collection d. Reinstatement, without change , of a previously approved collection for which approval has expired e. <input checked="" type="checkbox"/> Reinstatement, with change , of a previously approved collection for which approval has expired f. <input type="checkbox"/> Existing collection in use without an OMB control number <i>For b-f, note Item A2 of Supporting Statement instructions</i>	4. Type of review requested (<i>check one</i>) a. <input checked="" type="checkbox"/> Regular b. <input type="checkbox"/> Emergency - Approval requested by: ___/___/___ c. <input type="checkbox"/> Delegated 5. Small entities Will this information collection have a significant economic impact on a substantial number of small entities? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 6. Requested expiration date a. <input checked="" type="checkbox"/> Three years from the approval date b. ___/___
7. Title Arrest and Institution; Applicant; Standard Palm Print; Supplemental Finger and Palm Print; Identity History Summary Request; Voluntary Appeal File (VAF); Firearm-Related Challenge	
8. Agency form number(s) (<i>if applicable</i>) FD-249, FD-258, FD-884, FD-884a, FD-1164, FD-1212, FD-1211	
9. Keywords Friction ridge/Fingerprint/Palm Print/Biometric Identification/Voluntary Appeal File/Firearm-Related Challenge	
10. Abstract These forms are the means by which federal, state, and local agencies, as well as individuals submit friction ridge/biometric identification.	
11. Affected public (<i>Mark primary with "P" and all others with "X"</i>) a. <input checked="" type="checkbox"/> Individuals or households d. <input type="checkbox"/> Farms b. <input type="checkbox"/> Business or other for-profit e. <input checked="" type="checkbox"/> Federal Government c. <input type="checkbox"/> Not-for-profit institutions f. <input checked="" type="checkbox"/> State, Local, or Tribal Government	12. Obligation to respond (<i>Mark primary with "P" and all others that apply with "X"</i>) a. <input checked="" type="checkbox"/> Voluntary b. <input checked="" type="checkbox"/> Required to obtain or retain benefits c. <input type="checkbox"/> Mandatory
13. Annual reporting and recordkeeping hour burden a. Number of respondents <u>460,762</u> b. Total annual responses <u>460,762</u> 1. Percentage of these responses collected electronically <u>99</u> % c. Total annual hours requested <u>11.5 million</u> d. Current OMB inventory <u>10.5 million</u> e. Difference <u>1 million</u> f. Explanation of difference 1. Program change _____ 2. Adjustment <u>1 million</u>	14. Annual reporting and recordkeeping cost burden (<i>in thousands of dollars</i>) a. Total annualized capital/startup costs <u>N/A</u> b. Total annual costs (O&M) <u>0</u> c. Total annualized cost requested <u>0</u> d. Current OMB inventory <u>0</u> e. Difference <u>0</u> f. Explanation of difference 1. Program change _____ 2. Adjustment _____
15. Purpose of information collection (<i>Mark primary with "P" and all others that apply with "X"</i>) a. <input checked="" type="checkbox"/> Application for benefits e. <input type="checkbox"/> Program planning or management b. <input type="checkbox"/> Program evaluation f. <input type="checkbox"/> Research c. <input type="checkbox"/> General purpose statistics g. <input checked="" type="checkbox"/> Regulatory or compliance d. <input type="checkbox"/> Audit	16. Frequency of recordkeeping or reporting (<i>check all that apply</i>) a. <input checked="" type="checkbox"/> Recordkeeping b. <input checked="" type="checkbox"/> Third party disclosure c. <input checked="" type="checkbox"/> Reporting: 1. <input checked="" type="checkbox"/> On occasion 2. <input type="checkbox"/> Weekly 3. <input type="checkbox"/> Monthly 4. <input type="checkbox"/> Quarterly 5. <input type="checkbox"/> Semi-annually 6. <input type="checkbox"/> Annually 7. <input type="checkbox"/> Biennially 8. Other (describe) _____
17. Statistical methods Does this information collection employ statistical methods? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	18. Agency contact (<i>person who can best answer questions regarding the content of this submission</i>) Name: <u>Larry E. Cotton-Zinn</u> Phone: <u>(304) 625-2873</u>

19. Certification for Paperwork Reduction Act Submissions

On behalf of this Federal agency, I certify that the collection of information encompassed by this request complies with 5 CFR 1320.9.

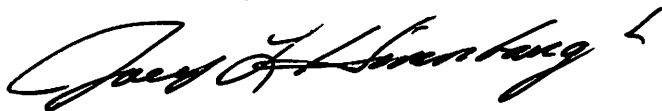
NOTE: The text of 5 CFR 1320.9, and the related provisions of 5 CFR 1320.8(b)(3), appear at the end of the instructions. *The certification is to be made with reference to those regulatory provisions as set forth in the instructions.*

The following is a summary of the topics, regarding the proposed collection of information, that the certification covers:

- (a) It is necessary for the proper performance of agency functions;
- (b) It avoids unnecessary duplication;
- (c) It reduces burden on small entities;
- (d) It uses plain, coherent, and unambiguous language that is understandable to respondents;
- (e) Its implementation will be consistent and compatible with current reporting and recordkeeping practices;
- (f) It indicates the retention periods for recordkeeping requirements;
- (g) It informs respondents of the information called for under 5 CFR 1320.8 (b)(3) about:
 - (i) Why the information is being collected;
 - (ii) Use of information;
 - (iii) Burden estimate;
 - (iv) Nature of response (voluntary, required for a benefit, or mandatory);
 - (v) Nature and extent of confidentiality; and
 - (vi) Need to display currently valid OMB control number;
- (h) It was developed by an office that has planned and allocated resources for the efficient and effective management and use of the information to be collected (see note in Item 19 of the instructions);
- (i) It uses effective and efficient statistical survey methodology (if applicable); and
- (j) It makes appropriate use of information technology.

If you are unable to certify compliance with any of these provisions, identify the item below and explain the reason in Item 18 of the Supporting Statement.

Signature of Senior Official or designee



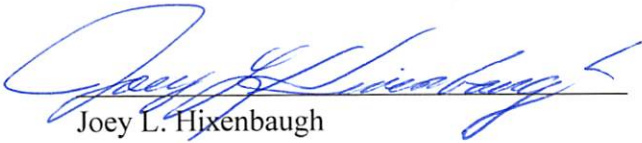
Date



Paperwork Certification

In submitting this request for OMB approval, I certify the Friction Ridge Cards Collection (OMB 1110-0046) form submitted for approval is necessary for the proper performance of our agency and the proposed data collection represents no burden on respondents consistent with the need for information.

The requirements of the Privacy Act and OMB Directives have been complied with including the paperwork reduction regulations, statistical standards or directives, and any other information policy directives, and other informational policy directives promulgated under the Paperwork Reduction Act of 1995.



Joey L. Hixenbaugh
Acting Section Chief
Biometric Services Section
Criminal Justice Information Services Division

03/07/2023
Date