U.S. Department of Justice
Federal Bureau of Investigation
Clarksburg, WV 26306

September 5, 2025

Darwin Arceo
Department Clearance Officer
Policy and Planning Staff
Justice Management Division
United States Department of Justice
Two Constitution Square
145 N Street, NE, 4W-218
Washington, DC 20002

Dear Mr. Arceo:

This letter is to inform you of the requested revision of an existing approved collection (OMB 1110-0046) by adding a new fingerprint card (FD-1222 Restoration of Federal Firearm Rights Fingerprint Card). 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, FD-1164 Identity History Summary Request, FD-1212 Voluntary Appeal File (VAF) Fingerprint Card, and FD-1211 Firearm-Related Challenge Fingerprint Card, FD-1222 Restoration of Federal Firearm Rights Fingerprint Card. The requirements of this collection are prescribed by Title 28, United States Code, Section 534. These forms are how federal, state, and local agencies, as well as individuals, submit friction ridge identification information.

The following documents are contained in this ICR package for your review and approval:

1. Supporting Statement for Paperwork Reduction Act Submission with burden statement
2. Law or authority mandating the information collection
3. Paperwork Certification
4. OMB form 83-I Paperwork Reduction Act Submission
5. Forms used to collect the information
6. Office of Privacy and Civil Liberties Information Collection Request-Privacy Assessment

Please note, in the interest of an expedited deadline, the 30- and 60-day Federal Register Notices have been previously submitted for publication.

If there are any questions concerning this ICR, please contact Brian A. Cain, Federal Bureau of Investigation, Criminal Justice Information Services Division, Criminal History Information and Policy Unit, 1000 Custer Hollow Road, Clarksburg, West Virginia 26306; telephone (771) 228-8721, email <fbi-iii@fbi.gov>.

Sincerely yours,

Chris Ormerod
Section Chief
Biometric Services Section
Criminal Justice Information
Services Division

Enclosures: 13

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.

09/05/2025

Chris Ormerod
Section Chief
Biometric Services Section
Criminal Justice Information Services Division

Date

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. ☐ None

a. 1110 - 0046

3. Type of information collection *(check one)*
- a. ☐ New collection
- b. ☑ Revision of a currently approved collection
- c. ☐ Extension, without change, of a currently approved collection
- d. ☐ Reinstatement, without change, of a previously approved collection for which approval has expired
- e. ☐ Reinstatement, with change, of a previously approved collection for which approval has expired
- f. ☐ Existing collection in use without an OMB control number

4. Type of review requested *(check one)*
- a. ☐ Regular
- b. ☑ Emergency - Approval requested by: ____/____/____
- c. ☐ Delegated

5. Small entities
Will this information collection have a significant economic impact on a substantial number of small entities? __ Yes ✔ No

3a. Public Comments
Has the agency received public comments on this information collection?
__ Yes ✔ No

6. Requested expiration date
a. ☑ Three years from approval date b. ☐ Other Specify: ____/____

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; Restoration of Federal Firearm Rights

8. Agency form number(s) *(if applicable)*

FD-249, FD-258, FD-884, FD-884a, FD-1164, FD-1212, FD-1211. FD-1222

9. Keywords

Friction ridge/Fingerprint/Palm Print, Biometric Identification/Voluntary Appeal File/Firearm-related Challenge/Pardon/Restoration of Federal Firearm Rights

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 *(Mark primary with "P" and all others that apply with "X")*
- a. P Individuals or households
- b. __ Business or other for-profit
- c. __ Not-for-profit institutions
- d. __ Farms
- e. P Federal Government
- f. P State, Local or Tribal Government

12. Obligation to respond *(Mark primary with "P" and all others that apply with "X")*
- a. P Voluntary
- b. P Required to obtain or retain benefits
- c. __ Mandatory

13. Annual reporting and recordkeeping hour burden
- a. Number of respondents 459,238
- b. Total annual responses 74.2 million
  - 1. Percentage of these responses collected electronically 99
- c. Total annual hours requested 12.4 million
- d. Current OMB inventory 12.4 million
- e. Difference 0
- f. Explanation of difference
  - 1. Program change ____
  - 2. Adjustment

14. Annual reporting and recordkeeping cost burden *(in thousands of dollars)*
- a. Total annualized capital/startup costs N/A
- b. Total annual costs (O&M) 0
- c. Total annualized cost requested 0
- d. Current OMB inventory 0
- e. Difference 0
- f. Explanation of difference
  - 1. Program change
  - 2. Adjustment

15. Purpose of information collection *(Mark primary with "P" and all others that apply with "X")*
- a. P Application for benefits
- b. __ Program evaluation
- c. __ General purpose statistics
- d. __ Audit
- e. __ Program planning or management
- f. __ Research
- g. P Regulatory or compliance

16. Frequency of recordkeeping or reporting *(check all that apply)*
- a. ✔ Recordkeeping
- b. ✔ Third party disclosure
- c. ✔ Reporting
  - 1. ✔ On occasion
  - 2. __ Weekly
  - 3. __ Monthly
  - 4. __ Quarterly
  - 5. __ Semi-annually
  - 6. Annually
  - 7. __ Biennially
  - 8. __ Other (describe) ____

17. Statistical methods
Does this information collection employ statistical methods?
__ Yes ✔ No

18. Agency contact *(person who can best answer questions regarding the content of this submission)*

Name: Brian A. Cain, MAPA

Phone: 771-228-8721

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 terminology that is understandable to respondents;

(e) Its implementation will be consistent and compatible with current reporting and recordkeeping practices;

(f) It indicates the retention period for recordkeeping requirements;

(g) It informs respondents of the information called for under 5 CFR 1320.8(b)(3):

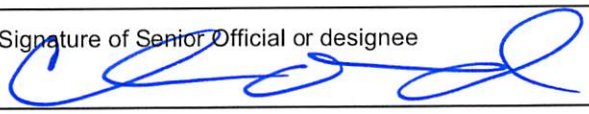
- (i) Why the information is being collected;
- (ii) Use of information;
- (iii) Burden estimate;
- (iv) Nature of response (voluntary, required for a benefit, or mandatory);
- (v) Nature and extent of confidentiality; and
- (vi) Need to display currently valid OMB control number;

(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; 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
	09/05/2025