

**PRIVACY ACT STATEMENT**

The FBI's acquisition, retention, and sharing of information submitted on this form is generally authorized under 28 USC 534 and 28 CFR 16.30-16.34. The purpose for requesting this information from you is to provide the FBI with a minimum of identifying data to permit an accurate and timely search of identity history identification records. Providing this information (including your Social Security Account Number) is voluntary; however, failure to provide the information may affect the completion of your request. The information reported on this form may be disclosed pursuant to your consent, and may also be disclosed by the FBI without your consent pursuant to the Privacy Act of 1974 and all applicable routine uses. Under the Paperwork Reduction Act, you are not required to complete this form unless it contains a valid OMB control number. The form takes approximately 5 minutes to complete.

**Applicant Information \* Denotes Required Fields**

\*Last Name \_\_\_\_\_ \*First Name \_\_\_\_\_  
Middle Name 1 \_\_\_\_\_ Middle Name 2 \_\_\_\_\_

\*Date of Birth: \_\_\_\_\_ \*Place of Birth: \_\_\_\_\_ U.S. Citizen or Legal Permanent Resident:  
Yes  No

\*Country of Citizenship: \_\_\_\_\_ Country of Residence: \_\_\_\_\_ Prisoner Number (if applicable): \_\_\_\_\_

\*Last Four Digits of Social Security Number: \_\_\_\_\_

\*Height: \_\_\_\_\_ \*Weight: \_\_\_\_\_

**\*Hair (please check appropriate box):**

- Bald  Black  Blonde/Strawberry  Blue  Brown  Gray  Green  Orange  Pink
- Purple  Red/Auburn  Sandy  Unknown  White

**\*Eyes (please check appropriate box):**

- Black  Blue  Brown  Gray  Green  Hazel  Maroon  Multicolored  Pink  Unknown

**Applicant Home Address**

\*Address \_\_\_\_\_

\*City \_\_\_\_\_ \*State \_\_\_\_\_  
\*Postal (Zip) Code \_\_\_\_\_ \*Country \_\_\_\_\_  
Phone Number \_\_\_\_\_ E-Mail \_\_\_\_\_

**Mail Results to Address**

C/O \_\_\_\_\_ ATTN \_\_\_\_\_  
Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_  
Postal (Zip) Code \_\_\_\_\_ Country \_\_\_\_\_  
Phone Number (if different from above) \_\_\_\_\_

**Payment Enclosed: (please check appropriate box)**

- CERTIFIED CHECK  MONEY ORDER  CREDIT CARD FORM

**Reason for Request:**

- Personal review  Challenge information on your record  Adoption of a child in the U.S.
- International adoption  Live, work, or travel in a foreign country  Other

\* APPLICANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Mail the signed applicant information form, fingerprint card, and payment of \$18 U.S. dollars to the following address:

**FBI CJIS Division – Summary Request  
1000 Custer Hollow Road  
Clarksburg, West Virginia 26306**

*You may request a copy of your own Identity History Summary to review it  
or obtain a change, correction, or an update to the summary.*

# Filling out the Advanced FBI Background Check Application (I-783 form)

I-783 (Rev. 04-02-2014)

**PRIVACY ACT STATEMENT**

The FBI's collection, retention, and sharing of information submitted on this form is generally authorized under 28 USC 534 and 28 CFR 16.30-16.34. The purpose for FBI with a minimum of identifying data to permit an accurate and timely search of identity history identification records. Providing this information (including your last name) provides the information necessary for the completion of your request. The information reported on this form may be disclosed pursuant to your request and may be subject to the Privacy Act of 1974 and all applicable retention rules. Under the Paperwork Reduction Act, you are not required to complete this form unless it contains a valid OMB control number.

**Applicant Information \* Denotes Required Fields**

\*Last Name Doa \*First Name John  
 Middle Name 1 Man Middle Name 2 \_\_\_\_\_  
 \*Date of Birth: 10/10/2010 \*Place of Birth: Seattle U.S. Citizen or Legal Permanent Resident: Yes  No   
 \*Country of Citizenship: United States Country of Residence: \_\_\_\_\_ Prisoner Number: \_\_\_\_\_  
 \*Last Four Digits of Social Security Number: 5555  
 \*Height: 5'0" \*Weight: 210

**\*Hair (please check appropriate box):**

Bald  Black  Blonde/Strawberry  Blue  Brown  Gray  Green  Orange  Pink  
 Purple  Red/Auburn  Sandy  Unknown  White

**\*Eyes (please check appropriate box):**

Black  Blue  Brown  Gray  Green  Hazel  Maroon  Multicolored  Pink  Unknown

**Applicant Home Address**

\*Address: 1717 Unknown Street  
 \*City: Washington \*State: District of Columbia  
 \*Postal (Zip) Code: 20002 \*Country: United States  
 Phone Number: 202-899-5555 E-Mail: John.doe@example.com

**Mail Results to Address**

C/O Child Care Aware of America ATTN: Background Check Program  
 Address: 1815 N. Courthouse Road, 2nd Floor  
 City: Arlington State: Virginia  
 Postal (Zip) Code: 22201 Country: United States  
 Phone Number (if different from above): 1-800-424-2246, Option 7

**Payment Enclosed: (please check appropriate box)**

CERTIFIED CHECK  MONEY ORDER  CREDIT CARD FORM

**Reason for Request:**

Personal review  Challenge information on your record  Adoption of a child in the U.S.  
 International adoption  Live, work, or travel in a foreign country  Other

**\* APPLICANT SIGNATURE** \_\_\_\_\_

DATE: xx/xx/xx

Mail the signed applicant information form, fingerprint card, and payment of \$15 U.S. dollars to the following address:

FBI - Paris Division - Summary Request  
 1000 Custer Hollow Road  
 Clarksburg, West Virginia 26306

Send a copy of your own Identity History Summary to review it in a change, correction, or an update to the summary.

Include your complete contact information (mailing address, email address and/ or telephone number) in case the FBI needs to contact you.

Results are to be returned directly to Child Care Aware® of America

Reason for request must be "other".



**PLEASE FOLLOW ALL THE INSTRUCTIONS BELOW WHEN REQUESTING AN ELECTRONIC FBI BACKGROUND CHECK**

1. Mail the required items, listed below (applicant form, fingerprint card and payment), to the following address:

**FBI CJIS Division- Summary Request  
1000 Custer Hollow Road  
Clarksburg, WV 26306**

2. Please make sure that you have already submitted an updated staff list to Child Care Aware of America before mailing your application to the FBI. Your updated staff list may be sent to [bgc@usa.childcareaware.org](mailto:bgc@usa.childcareaware.org) or faxed to 571-255-4911.
3. Include 18 U.S. Dollars in the form of a money order or certified check made payable to the Treasury of the United States. **Personal checks, cash, or business checks will not be accept.**
  - Be sure to sign where required
  - Must be exact amount
4. The reason for the request must be "other".
5. Include your complete contact information (mailing address, email address, and/or telephone number) in case the FBI needs to contact you.
6. Obtain proof of identity, consisting of a set of your fingerprints (original card, NO copies), with your name, date of birth, and place of birth clearly stated at the top of the card.
7. Fingerprints should be placed on a standard fingerprint form FD-258) commonly used for applicant or law enforcement purposes. **For a list of fingerprinting locations in your area please visit: <http://myfbireport.com/locations/index.php> .** For the best results, we recommend clicking on your state and then searching by city.

1515 N. Courthouse Rd, 2<sup>nd</sup> Floor  
Arlington, VA 22201  
Phone: 1-800-424-2246, option 4  
Fax: 571-255-4911  
[bgc@usa.childcareaware.org](mailto:bgc@usa.childcareaware.org)

8. **Previously processed fingerprint cards will not be accepted.**
9. **It is recommended to have your fingerprints taken by a fingerprinting technician.  
(This service may be available at a law enforcement agency).**

**1515 N. Courthouse Rd, 2<sup>nd</sup> Floor  
Arlington, VA 22201  
Phone: 1-800-424-2246, option 4  
Fax: 571-255-4911  
[bgc@usa.childcareaware.org](mailto:bgc@usa.childcareaware.org)**

### Credit Card Payment Form

\* Denotes Required Fields

Applicant Name

\* Name

(as it appears on credit card)

Company Name (if applicable)

\* Billing Address

Billing Address 2

\* City

\* State/Province

\* Postal (ZIP) Code

\* Country

\* Credit Card #:

\* Expiration Date (MM/YYYY)

\* Total Amount To Be Billed To Credit Card \$

( x \$18 US Dollars Per Request)

\* Card Holder Signature \_\_\_\_\_

**No Charge Backs or Refunds  
All Sales Final**

## ***DID YOU REMEMBER TO.....?***

Please check the boxes to ensure that you have included everything needed to process your request.

- Include a **completed** application form.
- Sign your application. *Note: If for a couple, family, etc., all must sign the application.*
- Include a **completed** fingerprint card. A completed fingerprint card includes the following:
  - 1. Name
  - 2. **Date of Birth**
  - 3. **Descriptive Data**
  - 4. All 10 rolled fingerprint impressions.
  - 5. The plain impressions including thumbs of both hands.
  - 6. Current fingerprint card-no older than 18 months.
- Include a credit card payment form, \*certified check, or money order for **\$18.00** per request. *Note: This amount must be exact.*
- If using a credit card, please ensure the credit card payment form is filled out completely. *Don't forget to include the expiration date of the credit card that you are using.*
- If paying with a certified check or money order, make it payable to the **Treasury of the United States.**

**CASH OR PERSONAL/BUSINESS CHECKS ARE NOT AN  
ACCEPTED FORM OF PAYMENT.**

- Include a form of contact information (i.e., e-mail, telephone number) in case we need to contact you.

*\*To issue a certified check, the bank verifies that sufficient funds exist in the requestor's account to cover the check, and so certifies payment at the time the check is written. Those funds are then set aside in the bank's internal account until the check is cashed or returned to the payee.*