



**PLEASE FOLLOW ALL THE INSTRUCTIONS BELOW WHEN
REQUESTING AN 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 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 accepted.**
 - 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



1515 N. Courthouse Rd, 2nd Floor
Arlington, VA 22201
Phone: 1-800-424-2246 Option 7
Fax: 571-255-4911
BGC@usa.childcareaware.org



- Fingerprints should be placed on a standard fingerprint form (FD-258) commonly used for applicant or law enforcement purposes (see attached blank form) Hard-copy fingerprint forms (FD-258) can be sent to providers by CCAoA, on request. For a list of fingerprinting locations in your area please visit:
<http://myfbireport.com/locations/index.php>
- Previously processed fingerprint cards will not be accepted.
- It is recommended to have your fingerprints taken by a fingerprinting technician. (This service may be available at a law enforcement agency, please contact us if you have any questions.)



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

I-783 (Rev. 04-02-2010)

PRIVACY ACT STATEMENT

The FBI's collection, creation, and sharing of information submitted on this form is generally authorized under 28 USC 534 and 28 CFR 16.26-16.34. The purpose of the FBI with a minimum of identifying data to permit an accurate and timely search of identity history (background) records. Providing this information (including your true identity) to the FBI is 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 federal laws. Under the Paperwork Reduction Act, you are not required to complete this form unless it contains a valid FBI ID to complete.

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: 8555
 *Height: 6'0" *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 202-869-5555 E-Mail john.doa@sample.com

Mail Return 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

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

FBI - West Division - Summary Request
 1000 Carter 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".