

**FBI CJIS NAME SEARCH REQUEST FORM**

Please complete the form below to request a FBI name check. Please be advised that an individual's fingerprints must be rejected twice for image quality prior to requesting a FBI name check.

ORI of State/Federal/Regulatory Agency: \_\_\_\_\_

Your Agency's Point of Contact (POC) for the Response: \_\_\_\_\_

Phone Number of POC: \_\_\_\_\_

FAX Number of POC: \_\_\_\_\_

Address of Requesting Agency: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please FAX \_\_\_\_\_ or mail \_\_\_\_\_ my response to this request.

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**SUBJECT OF NAME CHECK**

Transaction Control Number (TCN) of Subject's Fingerprint Submission: \_\_\_\_\_  
Transaction Control Number (TCN) of Subject's Fingerprint Submission: \_\_\_\_\_

Name: \_\_\_\_\_ Alias: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eyes: \_\_\_\_\_ Hair: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Miscellaneous Number: \_\_\_\_\_

State Identification Number: \_\_\_\_\_ OCA: \_\_\_\_\_

**\*\* Please note that highlighted fields are required for name check searches. \*\*  
Be sure to include the TCN from both rejected transactions.**

**FBI CJIS Division  
ATTN: Name Check Request  
1000 Custer Hollow Road  
Clarksburg, WV 26306**

**FAX 304-625-5102**