
FBI Name Checks for Fingerprint Submissions Rejected Twice Due to Image Quality

When can I request a Name Check?

A Name Check can be requested when the fingerprints have been rejected twice for image quality by the FBI's Criminal Justice Information Services (CJIS) Division.



Who can request a Name Check?

The Name Check is limited to state, federal, and regulatory agencies that already have legal authority to submit fingerprints for non-criminal justice purposes.

If you have submitted fingerprints as part of the Departmental Order Process, please refer to this site: www.fbi.gov/about-us/cjis/identity-history-summary-checks

How do I get the Name Check procedure started?

- Complete the attached Name Check request form
- Mail or fax the form to:

	FBI CJIS Division Attn: Name Check Request 1000 Custer Hollow Road Clarksburg, WV 26306	☎ Fax (304) 625-5102
OR via the Internet		
	www.leo.gov Log on the LEO Go to: https://leo.cjis.gov/leoContent/lesig/cjis/programs/iii/nameSearch/Name_Search_request.htm Complete the form and click submit [For access to LEO, call 1-888-334-4536]	

What do I need to include with my Name Check request?

- The Transaction Control Number(s) [TCNs], name, date of birth, and social security number (if available) from the rejected fingerprint submissions.
- The Originating Agency Identifier (ORI) of the agency and corresponding address.
- Contact information for the agency including agency preference for receipt of the results, either by fax or by mail.

NOTE: If candidates are generated during the Name Search and the candidates are identified to an existing criminal record, agencies will be provided with a copy of the criminal history record.

Is there a time limit for obtaining these Name Checks?

Yes. The Name Check request must be submitted within 90 days of the last rejection date.

Who can I contact if I have further questions about the Name Check process?

Should you have any questions, please contact the Biometric Services Section (BSS) Name Check Unit at (304) 625-9450 between the hours of 6:00 am and 4:00 pm Eastern Standard Time, Monday thru Friday.

CJIS Name Check Request

Please Type or Print Clearly

Please complete the attached form to request a name check. Please be advised that an individual's fingerprints must be rejected twice for technical issues prior to requesting a 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:**

***Name and address of requesting agency:**

Name:

Address:

Responses will be faxed.

***Please complete all of the above fields**

Subject of Name Check

***Two Transaction Control Numbers (TCN, E#s) of the subject's fingerprint submission:**

(1)

(2)

***Name:**

***Alias:**

***Date of Birth:**

Place of Birth:

Sex:

Race:

***Social Security Number:**

Miscellaneous Number:

State Identification Number:

OCA:

Please note the asterisked fields are required for Name Check searches, all other fields are optional. Results provided will be the result of the biographic information included in the original fingerprint submission.