



POLICE

CLEARANCE

PACKET

CLIENT ID: _____

TIMESTAMP: _____

REMEMBER: WHEN IN DOUBT, PAPER CLIPS INSTEAD OF STAPLES!

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Page 3	FBI Report Request Form <u>Action Required:</u> <ul style="list-style-type: none">• Sign the document.
Page 4	Mailing Checklist <u>Action Required:</u> <ul style="list-style-type: none">• Sign the document.• Make sure you have included everything the checklist asks you to include.
Pages 5 – 6	Application for Consular Legalization <u>Action Required:</u> <ul style="list-style-type: none">• Sign twice on the second page – once in Part 8, once at the end of the document.
Page 7	CVSC Order Form <u>Action Required:</u> <ul style="list-style-type: none">• Sign the document.• Make sure you have read and understood the costs.
Page 8	Sample Copy of Passport <u>Action Required:</u> <ul style="list-style-type: none">• Using the sample for reference, make a clear copy of your passport. It must be a full image of the passport main page (no information cut off).• Discard the sample and replace it with the copy of your passport.
Page 9	Further Instructions <u>Action Required:</u> <ul style="list-style-type: none">• Detach (do not mail) and consult when you receive your report from the FBI.

MAILING ADDRESS:

CVSC – FRR
2233 Wisconsin Avenue NW, Suite 301
Washington, DC 20007

Mail your application using FedEx.

APPLICANT

* See Privacy Act Notice on Back

LEAVE BLANK

TYPE OR PRINT ALL INFORMATION IN BLACK

LAST NAME NAM FIRST NAME MIDDLE NAME

FBI

LEAVE BLANK

FD-258 (Rev. 5-15-17) 1110-0046

SIGNATURE OF PERSON FINGERPRINTED

ALIASES AKA

O
R
I

RESIDENCE OF PERSON FINGERPRINTED

DATE OF BIRTH DOB
Month Day Year

DATE SIGNATURE OF OFFICIAL TAKING FINGERPRINTS

CITIZENSHIP CTZ

SEX RACE HGT. WGT. EYES HAIR PLACE OF BIRTH POB

EMPLOYER AND ADDRESS

YOUR NO. OCA

LEAVE BLANK

UNIVERSAL CONTROL NO. UCN

ARMED FORCES NO. MNU

CLASS

REASON FINGERPRINTED

SOCIAL SECURITY NO. SOC

REF.

MISCELLANEOUS NO. MNU

DISCARD
& REPLACE

1. R. THUMB

2. R. INDEX

3. R. MIDDLE

4. R. RING

5. R. LITTLE

6. L. THUMB

7. L. INDEX

8. L. MIDDLE

9. L. RING

10. L. LITTLE

LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY

L. THUMB

R. THUMB

RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY

FEDERAL BUREAU OF INVESTIGATION
UNITED STATES DEPARTMENT OF JUSTICE
CJIS DIVISION/CLARKSBURG, WV 26306

1110-0046

1. LOOP



CENTER
OF LOOP

DELTA

THE LINES BETWEEN CENTER OF
LOOP AND DELTA MUST SHOW

2. WHORL



DELTA

THESE LINES RUNNING BETWEEN
DELTA MUST BE CLEAR

3. ARCH



ARCHES HAVE NO DELTAS

FD-258 (REV. 5-15-17)

APPLICANT

THIS CARD FOR USE BY:

1. LAW ENFORCEMENT AGENCIES IN FINGERPRINTING APPLICANTS FOR LAW ENFORCEMENT POSITIONS.*
2. OFFICIALS OF STATE AND LOCAL GOVERNMENTS FOR PURPOSES OF EMPLOYMENT, LICENSING, AND PERMITS, AS AUTHORIZED BY STATE STATUTES AND APPROVED BY THE ATTORNEY GENERAL OF THE UNITED STATES. LOCAL AND COUNTY ORDINANCES, UNLESS SPECIFICALLY BASED ON APPLICABLE STATE STATUTES DO NOT SATISFY THIS REQUIREMENT.*
3. U.S. GOVERNMENT AGENCIES AND OTHER ENTITIES REQUIRED BY FEDERAL LAW.**
4. OFFICIALS OF FEDERALLY CHARTERED OR INSURED BANKING INSTITUTIONS TO PROMOTE OR MAINTAIN THE SECURITY OF THOSE INSTITUTIONS.

Please review this helpful information to aid in the successful processing of hard copy civil fingerprint submissions in order to prevent delays or rejections. Hard copy fingerprint submissions must meet specific criteria for processing by the Federal Bureau of Investigation. **Ensure all information is typed or legibly printed using blue or black ink.**

Enter data within the boundaries of the designated field or block.

Complete all required fields. (If a required field is left blank, the fingerprint card may be immediately rejected without further processing.)

- * The required fields for hard copy civil fingerprint cards are: ORI, Date of Birth, Place of Birth, NAM, Sex, Date fingerprinted, Reason Fingerprinted, and proper completion of fingerprint impression boxes.

Do not use highlighters on fingerprint cards.

Do not enter data or labels within 'Leave Blank' areas.

Ensure fingerprint impressions are rolled completely from nail to nail.

Ensure fingerprint impressions are in the correct sequence.

Ensure notations are made for any missing fingerprint impression (i.e. amputation).

Do not use more than two retabs per fingerprint impression block.

Ensure no stray marks are within the fingerprint impression blocks.

Training information can be found online at www.fbi.gov. Visit the FBI's website at: [fbi.gov](http://www.fbi.gov), click on 'Fingerprints', then click on 'Ordering Fingerprint Cards & Training Aids'. Direct questions to the Biometric Services Section's Customer Service Group at (304) 625-5590 or by e-mail at identidiv@fbi.gov.

Social Security Account Number (SSAN): Pursuant to the Privacy Act of 1974, any Federal, state, or local government agency that requires an individual to disclose this or her SSAN is responsible for informing the person whether disclosure is mandatory or voluntary, by what statutory or other authority the SSAN is solicited, and what uses will be made of it. In this instance, the SSAN is solicited pursuant to 28 U.S.C 534 and will be used as a unique identifier to confirm your identity because many people have the same name and date of birth. Disclosure of your SSAN is voluntary; however, failure to disclose your SSAN may affect completion or approval of your application.

PRIVACY ACT STATEMENT

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint and background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprints repositories) or other available records of the employing, investigating, or otherwise responsible agency. Your fingerprints and associated information/biometrics may be compared against other fingerprints in the NGI system after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

PAPERWORK REDUCTION ACT NOTICE

According to the Paperwork Reduction Act of 1995, no persons are required to provide the information requested unless a valid OMB control number is displayed. The valid OMB control number for this information collected is 1110-0046. The time required to complete this information collected is estimated to be 10 minutes, including time reviewing instructions, gathering, completing, reviewing and submitting the information collection. If you have any comments concerning the accuracy of this time estimate or suggestions for reducing this burden, please send to: Department Clearance Officer, United States Department of Justice, Justice Management Division, Policy and Planning Staff, Washington, DC 20530.

INSTRUCTIONS:

- * 1. PRINTS MUST GENERALLY BE CHECKED THROUGH THE APPROPRIATE STATE IDENTIFICATION BUREAU, AND ONLY THOSE FINGERPRINTS FOR WHICH NO DISQUALIFYING RECORD HAS BEEN FOUND LOCALLY SHOULD BE SUBMITTED FOR FBI SEARCH.
2. IDENTITY OF PRIVATE CONTRACTORS SHOULD BE SHOWN IN SPACE "EMPLOYER AND ADDRESS". THE CONTRIBUTOR IS THE NAME OF THE AGENCY SUBMITTING THE FINGERPRINT CARD TO THE FBI. UNIVERSAL CONTROL NUMBER, IF KNOWN, SHOULD ALWAYS BE FURNISHED IN THE APPROPRIATE SPACE.
- ** 3. MISCELLANEOUS NO. - RECORD: OTHER ARMED FORCES NO. PASSPORT NO. [FP], ALIEN REGISTRATION NO. (AR), PORT SECURITY CARD NO. (PS), SELECTIVE SERVICE NO. (SS) VETERANS' ADMINISTRATION CLAIM NO. (VA).



**National
Background
Information**



FBI CRIMINAL REPORT REQUEST

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 criminal 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.

Applicant Information * Denotes Required Fields

* Last Name
* First Name
Middle Name 1
Middle Name 2
* Date of Birth
Last Four Digits of Social Security Number

Applicant Home Address

* Address	Apt#
* City	* State
* Postal (zip) code	
* Country	UNITED STATES OF AMERICA
* U.S. Citizen or Legal Permanent Resident	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If no, you must make your request directly with the FBI)
Country of Citizenship	Country of Residence
* Phone Number	
* Email Address	

Mail Results to This Address (Attorney Only)

C/O	N/A	ATTN	N/A
Address	N/A		
N/A			
City	N/A	State	N/A
Postal (zip) code	N/A	Country	N/A
Phone Number (if different from above)	N/A		

* FBI Criminal Report	Includes one copy	\$	0.00	* Shipping Options	Please check one box
* Shipping	Select one Shipping Option	\$	0.00	<input checked="" type="checkbox"/> USPS First Class Mail – No charge	
* Additional Copies	<u>0</u> @ \$9.00 each	\$	0.00	<input type="checkbox"/> USPS Priority Mail (2-3 Day Delivery) – \$14.00	
	Quantity			<input type="checkbox"/> FedEx (Overnight Delivery) – \$40.00	
* Total Payment Enclosed	** \$	0.00			

* Payment Type	Payee is National Credit Reporting	Please check one box
<input type="checkbox"/> Cashier's Check	<input type="checkbox"/> Money Order	<input checked="" type="checkbox"/> Credit Card (Include Credit Card Authorization form)
* Reason for my request	<input type="checkbox"/> Personal Review/Correction	<input checked="" type="checkbox"/> Work Visa/Student Visa
Must check one box	<input type="checkbox"/> Adoption	<input type="checkbox"/> Foreign Residency/Travel
	<input type="checkbox"/> Attorney Request	<input type="checkbox"/> Other (please specify) _____

* **APPLICANT SIGNATURE** _____ * **DATE** _____

* **Signed Mailing Checklist must be included with order. You may request a copy of your own identification record to review it or obtain a change, correction, or an update to the record.**

**Pricing does not include fingerprint rolling fees for mailing ink cards, or live scan fees for electronic submissions.

MFR-CRR-1809



CVS2
Promo Code

MAILING CHECKLIST

FBI Criminal Report Request

Criminal Background Check Request

I declare under penalty of perjury under the laws of the United States of America that the enclosed fingerprint impression is that of the person completing this form, and that all of the information submitted on the **FBI Criminal Report Request form** is true and correct.

Applicant acknowledges that information sent through electronic mail, United States Mail, and courier services is not secure. Applicant further acknowledges that NCR may not alter any of the information contained in the FBI report, even if there are obvious errors. Applicant waives, disclaims, and holds NCR harmless from and against any inadvertent disclosure of the Applicant's FBI report and from any inaccuracies contained, contained within said FBI report, provided that nothing herein affects any intentional, wrongful disclosure of Applicant's FBI report or the contents thereof.

Applicant's Name _____

Signature _____

Date _____

Required Checklist for FBI Criminal Report Requests

- ☐ I have included the FBI Criminal Report Request form with all required fields completed.
- ☐ I have included fingerprint card, completed by a trained technician.
- ☐ I am including this signed Mailing Checklist.

中华人民共和国驻外使领馆领事认证申请表

Application Form of Consular Legalization of the Embassy/Consulate of the People's Republic of China

★申请人须如实、完整、清楚地填写本表格，请逐项在空白处用中文或英文大写字母打印体填写，或在□内打√选择。The applicant should fill in this form truthfully, completely and clearly. Please type the answer in capital English letters in the space provided or tick (√) the relevant box to select.

1、个人申请 Applicant (For Individual Use Only)					
姓名 Name			性别 Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	出生地点 Place of birth USA
出生日期 Date of birth (yyyy-mm-dd)		国籍 Nationality	USA		职业 Occupation
身份证件种类 Type of ID	PASSPORT		身份证件号码 Number of ID		
工作机构或学校名称 Name of employer/school			工作机构或学校地址 Address of employer/school		
家庭住址 Home address				电子邮箱 E-mail address	
住宅电话 Home phone number				手机 Mobile phone number	
2、企业及其他组织申请 Applicant (For Company/Organization Use Only)					
企业或其他组织名称 Name of company/organization	N/A				
联系地址 Address	N/A			电话 Phone Number	N/A
法定代表人信息 Legal Representative of company/organization	姓名 Name	N/A		出生日期 Date of birth(yyyy-mm-dd)	N/A
	证件种类 Type of ID	N/A		证件号码 Number of ID	N/A
3、公证书或其他证明文书证明的事项 Matters certified by the notarial deeds or other certificates					
<input type="checkbox"/> 出生证 Birth certificate; <input type="checkbox"/> 结婚证 Marriage certificate; <input checked="" type="checkbox"/> 无犯罪记录证明 Certificate of non-criminal record; <input type="checkbox"/> 健康证明 Health certificate; <input type="checkbox"/> 学历证明 Diploma; <input type="checkbox"/> 委托书 Authorization letter; <input type="checkbox"/> 声明书 Statement; <input type="checkbox"/> 商业文件 Business documents; <input type="checkbox"/> 其他（请注明）Other (please specify) : Teaching certificate (TEFL/TESOL)					
4、认证办理目的和文书使用地点 Purpose and Destination of Legalization					
办理目的 Purpose of legalization: <input type="checkbox"/> 婚姻 Marriage; <input type="checkbox"/> 寄养 Fosterage; <input type="checkbox"/> 房产 Real estate; <input type="checkbox"/> 诉讼 Litigation; <input checked="" type="checkbox"/> 签证 Visa; <input type="checkbox"/> 领养 Adoption; <input type="checkbox"/> 商务贸易 Business and trade; <input type="checkbox"/> 其他（请注明）Others (please specify):					
文书使用地 Y j gtg'f qewo gpvy knldg'wugf 'lp'Ej kpc'*ekf 'pco g+ JIANGSU PROVINCE, JIANGYIN CITY					

5、提交材料及申办认证书的份数 Supporting documents and Copies of Legalization					
提交材料 Supporting documents				份数 Copies	
6、办理时间 Processing time 注：加急服务须经领事官员批准，并将加收费用。 Note: Express service needs approval of consular officials, and extra fees may apply.				<input checked="" type="checkbox"/> 普通 Regular service <input type="checkbox"/> 加急 Express service	
7、代办人 Agent					
代办人姓名 Name of agent	N/A	性别 Gender	male female N/A	国籍 Nationality	N/A
身份证件种类 Type of ID	N/A	身份证件号码 Number of ID	N/A	职业 Occupation	N/A
与申请人的关系 Relationship with the applicant	N/A		联系地址 Address	N/A	
联系电话 Phone number	N/A		电子邮箱 E-mail address	N/A	
8、申请人/代办人声明 Declaration of the Applicant/Agent					
<p>我保证以上所填内容真实。如有不实之处，本人愿承担一切法律责任。</p> <p>I hereby declare that all the information above is true and correct, for which I shall bear all the legal responsibilities.</p> <p>★ 申请人签名：_____ 日期：_____</p> <p>Signature of applicant: _____ Date (yyyy-mm-dd): _____</p> <p>★ 代办人签名：_____ 日期：_____</p> <p>Signature of agent: _____ Date (yyyy-mm-dd): _____</p>					
<p>我声明，我已阅读并理解以下内容：</p> <p>领事认证是指领事认证机构根据自然人、法人或者其他组织的申请，对国外有关文书上的最后一个印鉴、签名的真实性予以确认的活动。领事认证不对公证书或者其他证明文书证明的事项行使证明职能，不对文书内容本身的真实性、合法性负责，文书内容由文书出具机构负责。领事官员有权对可能损害国家利益和社会公共利益的和存在不予办理领事认证有关情形的文书不予认证。</p> <p>I hereby declare that I have read and understood the content below:</p> <p>The consular legalization refers to the practice of confirming the authenticity of the last seal or signature on relevant documents issued by other countries, performed by consular legalization agencies upon the application of natural persons, legal persons or other organizations. Consular legalization does not undertake the responsibility of certifying the matters certified by the notarial deeds or other certificates, and it is not responsible for the authenticity and validity of the documents's content, which shall be the responsibility of the issuing institution. The application will be refused by consular official if the documents may harm the national interests or social public interests or have other circumstances under which consular legalization shall not be performed.</p> <p>★ 申请人签名：_____ 日期：_____</p> <p>Signature of applicant: _____ Date (yyyy-mm-dd): _____</p>					
以下项目仅供领事官员填写（For Official Use Only）：					
接案人、接案日期：		签署人、签署日期：		复核人（如有）、复核日期：	

CLIENT ID: _____

TIMESTAMP: _____



FBI Background Check Order Form

FULL NAME (exactly as on passport)

LAST _____ FIRST _____ MIDDLE _____

EMAIL _____

PHONE _____

SHIPPING ADDRESS

STREET ADDRESS _____

CITY, STATE, ZIP _____

COUNTRY (only if outside USA) _____

PAYMENT INFORMATION

CARD HOLDER'S NAME _____

CARD NUMBER _____ EXPIRY DATE _____

BILLING ADDRESS (if different from shipping)

STREET ADDRESS _____

CITY, STATE, ZIP _____

SIGNATURE _____ Date _____

By signing above, you agree to abide by our Terms and Conditions as outlined at www.mychinavisa.com/terms.

FEE INFORMATION

FBI PROCESSING - \$99 SERVICE FEE + \$18 FBI FEE

US DEPT OF STATE - \$60 SERVICE FEE + \$8 DEPT OF STATE FEE

CHINA EMBASSY - \$99 SERVICE FEE + \$25 EMBASSY FEE

SHIPPING FEE (choose one)

- | | |
|--|--|
| <input type="radio"/> \$35 DOMESTIC USA | <input type="radio"/> \$65 FEDEX SATURDAY |
| <input type="radio"/> \$50 PUERTO RICO, HAWAII, ALASKA | <input type="radio"/> \$80 FEDEX INTERNATIONAL |

All government fees subject to 5.9% processing fee.

OBTAINING YOUR REPORT

By law, the FBI can only send the background check results to the individual. Once you obtain the report, mail it to us right away.

Download your report from the FBI website OR send us the hard-copy which you will receive in the mail.

*Of the United States,
in Order to form a more perfect Union,
establish Justice, insure domestic Tranquility,
provide for the common defence,
promote the general Welfare, and secure
the Blessings of Liberty to ourselves and
our Posterity, do ordain and establish this
Constitution for the United States of America.*

DISCARD

& REPLACE

UNITED STATES OF AMERICA

P

USA

340007237

Surname / Nom / Apellidos

TRAVELER

Given Names / Prénoms / Nombres

HAPPY

Nationality / Nationalité / Nacionalidad

UNITED STATES OF AMERICA

Date of birth / Date de naissance / Fecha de nacimiento

04 JUL 1967

Place of birth / Lieu de naissance / Lugar de nacimiento

WASHINGTON, D.C., U.S.A.

Date of issue / Date de délivrance / Fecha de expedición

08 AUG 2006

Date of expiration / Date d'expiration / Fecha de caducidad

07 AUG 2016

Endorsements / Mentions Spéciales / Anotaciones

SEE PAGE 27

Sex / Sexe / Sexo

F

Authority / Autorité / Autoridad

United States

EP Exemplar Book

USA

[illegible]

3400072370USA6707046F1608078910000193<113538

FURTHER INSTRUCTIONS

(Retain, Do Not Mail)

Congratulations! You have just sent off your application for an FBI background check. Unfortunately, this is only one step in the process.

To make it valid in the eyes of the Chinese government, the report must be authenticated by both the U.S. Department of State and the Chinese embassy.

By law, the FBI will only send the background check results to you. Once you obtain your report, you must mail it to CVSC so they can help you with the next two steps. You may download your report from the FBI website, or you can mail the hard-copy you will receive in the mail.

Send your report to the address below:

CVSC – FRR

2233 Wisconsin Avenue NW, Suite 301
Washington, DC 20007