

# FOR OFFICIAL USE ONLY

## MICHIGAN

### REQUIRED FORMS

- Michigan Fingerprint Background Check Request (RI-030)
- SF87 or FD258 Fingerprint Card

### INSTRUCTIONS FOR SUBMISSION

- In addition to the Fingerprint Card submitted with the case papers for an FBI Fingerprint Search, one SF87 or FD258 Fingerprint Card is also needed to search the Michigan State Criminal Repository to fulfill the requirements of Public Law 101-647. Please ensure a separate hardcopy Fingerprint Card is submitted for this purpose.
- Note: Disregard Section III. Live Scan Information on the RI-030 form as that form is used for both live scan and hardcopy fingerprint card submission purposes.

### REQUIRED FIELDS – MICHIGAN FINGERPRINT BACKGROUND CHECK REQUEST (RI-030)

- Section I. Authorizing Information - Field 1, Fingerprint Reason Code: **CC**, Field 2, Requestor/Agency ID: **8198K**, Field 3, Agency Name: **Defense Counterintelligence and Security Agency (DCSA)**
- Section II. Applicant Information – Complete Fields 1a – 18 (except fields where noted “Optional” on the form and Field 6 is not required)
- Section VI. Consent – Subject/Applicant’s Signature and Date.

### REQUIRED FIELDS – FINGERPRINT CARD

- Please refer to the [FD258 Fingerprint Card Guidance](#) or the [SF87 Fingerprint Card Guidance](#) sections near the end of this guide for details on successfully filling out this item.

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## LIVE SCAN FINGERPRINT BACKGROUND CHECK REQUEST

**Purpose:** To conduct a civil fingerprint-based background check for employment, to volunteer, or for licensing purposes as authorized by law.

I. Authorizing Information			
1. Fingerprint Reason Code CC	2. Requestor/Agency ID 8198K	3. Agency Name Defense Counterintelligence and Security Agency (DCSA)	4. Individual ID (MNU-OA)
II. Applicant Information: Type or clearly print answers in all fields before going to be fingerprinted.			
1a. Last Name	1b. First Name	1c. Middle Initial	1d. Suffix
2. Any Alternative Names, Last Names, or Aliases		3. Social Security Number (Optional)	
4. Place of Birth (State or Country)	5. Date of Birth	6. Phone Number	7. Driver's License / State ID Number
8. Issuing State		9. Home Address	10. City
11. State	12. ZIP Code		
13. Sex	14. Race	15. Height	16. Weight
17. Eye Color	18. Hair Color		
III. Live Scan Information			
1. Date Printed	2. Picture ID Type Presented	3. Transaction Control Number (TCN)	4. Live Scan Operator*
*When an individual ID is provided, please enter the ID into the Miscellaneous Number (MNU) field on the Live Scan device. Select OA - Originating Agency Identifier and then enter the unique identifier in the Identification Code field.			
IV. Privacy Act Statement			
<p><b>Authority:</b> Acquisition, preservation, and exchange of fingerprints and associated information by the Federal Bureau of Investigation (FBI) 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.</p> <p><b>Principal Purpose:</b> Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based 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 fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI 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.</p> <p><b>Routine Uses:</b> 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.</p>			
V. Procedure to Obtain a Change, Correction, or Update of Identification Records			
<p>If, after reviewing his/her identification record, the subject thereof believes that it is incorrect or incomplete in any respect and wishes changes, corrections, or updating of the alleged deficiency; he/she should make application directly to the agency which contributed the questioned information. The subject of a record may also direct his/her challenge as to the accuracy or completeness of any entry on his/her record to the FBI, Criminal Justice Information Services (CJIS) Division, ATTN: SCU, Mod. D2, 1000 Custer Hollow Road, Clarksburg, WV 26306. The FBI will then forward the challenge to the agency which submitted the data requesting that agency to verify or correct the challenged entry. Upon the receipt of an official communication directly from the agency which contributed the original information, the FBI CJIS Division will make any changes necessary in accordance with the information supplied by that agency. (28 CFR § 16.34)</p>			
VI. Consent			
<p>I understand that my personal information and biometric data being submitted by Live Scan, will be used to search against identification records from both the Michigan State Police (MSP) and the FBI for the purpose listed above. I hereby authorize the release of my personal information for such purposes and release of any records found to the authorized requesting agency listed above.</p>			
Signature:			Date: