

DSS/SWFT Fingerprint Custody Control Form:

CLEARED FACILITY COMPANY INFO:

| | | | |
|------------------|----------------------|------------------|----------------------|
| Company Name: | <input type="text"/> | Address 1: | <input type="text"/> |
| Cage Code: | <input type="text"/> | Address 2: | <input type="text"/> |
| Company Contact: | <input type="text"/> | State/Province: | <input type="text"/> |
| FSO/AFSO E-Mail: | <input type="text"/> | Zip/Postal Code: | <input type="text"/> |
| | | Phone Number: | <input type="text"/> |

APPLICANT INFO: (Person being Fingerprinted)

| | | | |
|----------------------|----------------------|--------------|----------------------|
| Employee First Name: | <input type="text"/> | Middle Name: | <input type="text"/> |
| Last Name: | <input type="text"/> | City: | <input type="text"/> |
| Address 1: | <input type="text"/> | State: | <input type="text"/> |
| Address 2: | <input type="text"/> | Zip: | <input type="text"/> |

APPLICANT'S PHYSICAL DESCRIPTORS:

| | | | | | |
|---|----------------------|-------------|----------------------|---------------------|----------------------|
| Date of Birth: | <input type="text"/> | Weight: | <input type="text"/> | Race: | <input type="text"/> |
| Place of Birth US STATE or Country Born In: | <input type="text"/> | Height: | <input type="text"/> | Social Security No. | <input type="text"/> |
| Citizenship | <input type="text"/> | Eye Color: | <input type="text"/> | | |
| | | Hair Color: | <input type="text"/> | | |
| | | Sex: | <input type="text"/> | | |

MAIL (2) COMPLETED FINGERPRINT CARDS TO:

Date Mailed:

Kinsey Consulting, LLC
Attn: SWFT Processing
5257 Buckeystown Pike #212
Frederick, MD 21704

Print Form

For FSO's / AFSSO's When mailing forms in, please follow the instructions below:

1. Enter the employee's required information fields on the front side of this custody control form
2. Obtain 2 blank Fingerprint Cards (FD 258): Civil Identification Cards or visit: <http://www.fbi.gov/about-us/cjis/criminal-history-summary-checks/standard-fingerprint-form-fd-258> and print on 8-1/2" x 11" from laser jet printer
3. Hand print the applicant (Employee's) First, Middle and Last Name to the name fields on the front of both tenprint cards.
4. Obtain the employee's written signature into the "Signature of Person Fingerprinted" on both tenprint cards.
5. Have the employee's fingerprints captured in the appropriate squares on both sets of tenprint cards.
6. Place both completed tenprint cards along with the completed and signed custody control form into a standard 9" x 12" Pre Addressed and Stamped Envelope so as not to bend or fold the tenprint cards.
7. Seal the envelope
8. Mail the cards to the address on page 1.

PER FBI REQUEST, DO NOT RETURN COMPLETED FINGERPRINT CARDS TO APPLICANT FOR MAILING. FSO/AFSSO must retain custody and control until mailed.

INSTRUCTIONS FOR LAW ENFORCEMENT OFFICER or FINGERPRINT SERVICE TECHNICIAN if Taking Fingerprints:

The individual carrying this form is required to have their fingerprints submitted The US Department of Defense Industrial Security Clearance Office. In the interest of national security, you are being asked to assist in this process.

(Applicant is responsible for any applicable fees or cost).

1. Please verify the individual's identity using two forms of identification: one of which must be a government issued ID and one must have a picture (For example, a driver's license and an employee badge).
2. Please verify that the information contained on page 1 of this custody control form matches the description of the subject being printed.
3. Have the individual sign both FD-258's in your presence in the "Signature of Person Fingerprinted" box.
4. Capture the individuals fingerprint impressions in the appropriate squares on both sets of tenprint cards.
5. To be completed by OFFICIAL TAKING FINGERPRINTS:

The enclosed fingerprint card contains the prints of the following individual: _____

(Applicant's Name)

and were taken on the following date: ___/___/___ by:

Official's Name: _____

(Printed)

Signed: _____

Title: _____

Agency / Company: _____

Telephone Number: (____) - _____ - _____.

6. The Official Taking Fingerprints should place this custody control form and 2 completed tenprint cards in the supplied postage paid envelope and place envelope directly in the mail.

PER FBI REQUEST, DO NOT RETURN COMPLETED FINGERPRINT CARDS TO APPLICANT

Thank You!