

SF 87 (REV. 4/98)
U.S. OFFICE OF PERSONNEL
MANAGEMENT
E.O. 10450

LEAVE BLANK

TYPE OR PRINT ALL INFORMATION IN BLACK

FBI

LEAVE BLANK

LAST NAME NAM FIRST NAME MIDDLE NAME

SIGNATURE OF PERSON FINGERPRINTED

O
R
I

USOPMOOOZ - FIPC BOYERS, PA

RESIDENCE OF PERSON FINGERPRINTED

SERIAL NO. (OPM USE ONLY) OCA

DATE OF BIRTH DOB
MONTH DAY YEAR

ALIASES AKA

SEX

RACE

HGT.

WGT.

EYES

HAIR

PLACE OF BIRTH POB

DATE

SIGNATURE OF OFFICIAL TAKING FINGERPRINTS

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TITLE AND ADDRESS

SCARS, MARKS, AND TATTOOS

CLASS _____

POSITION TO WHICH APPOINTED

FBI NO. FBI

REF. _____

DEPARTMENT, BUREAU, AND DUTY STATION (CITY AND STATE)

SOCIAL SECURITY NO. SOC

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

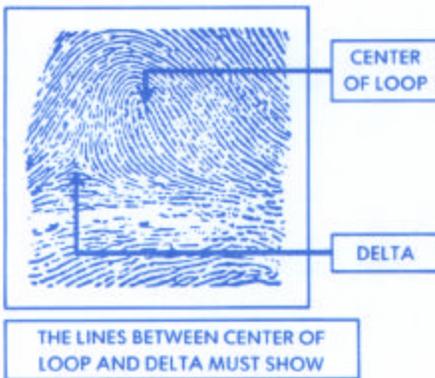
INSTRUCTIONS FOR OBTAINING CLASSIFIABLE FINGERPRINTS ON STANDARD FORM 87, FINGERPRINT CHART

1. USE PRINTER'S INK.
2. DISTRIBUTE INK EVENLY ON INKING SLAB.
3. WASH AND DRY FINGERS THOROUGHLY.
4. ROLL FINGERS FROM NAIL TO NAIL, AND AVOID ALLOWING FINGERS TO SLIP.
5. BE SURE IMPRESSIONS ARE RECORDED IN CORRECT ORDER.
6. IF AN AMPUTATION OR DEFORMITY MAKES IT IMPOSSIBLE TO PRINT A FINGER, MAKE A NOTATION TO THAT EFFECT IN THE INDIVIDUAL FINGER BLOCK.
7. IF SOME PHYSICAL CONDITION MAKES IT IMPOSSIBLE TO OBTAIN PERFECT IMPRESSIONS, SUBMIT THE BEST THAT CAN BE OBTAINED WITH A MEMO STAPLED TO THE CARD EXPLAINING THE CIRCUMSTANCES.
8. EXAMINE THE COMPLETED PRINTS TO SEE IF THEY CAN BE CLASSIFIED, BEARING IN MIND THE FOLLOWING: MOST FINGERPRINTS FALL INTO THE PATTERNS SHOWN BELOW:

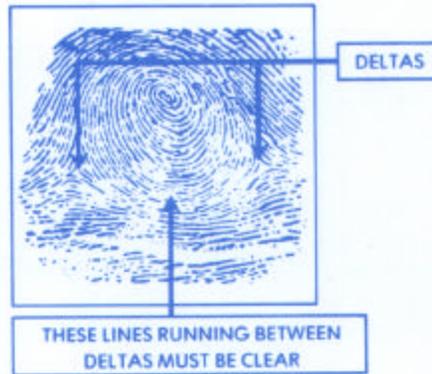
(OTHER PATTERNS OCCUR INFREQUENTLY AND ARE NOT SHOWN HERE)

- (A) A DELTA (Δ) IS THE POINT AT WHICH THE LINES FORMING THE LOOP OR WHORL PATTERN SPREAD AND BEGIN GOING IN DIFFERENT DIRECTIONS. ALL LOOP PRINTS HAVE ONE DELTA. WHORL PRINTS HAVE TWO.
- (B) LOOP PRINTS CANNOT BE CLASSIFIED UNLESS THE CENTER OF THE LOOP AND DELTA, AND THE LINES BETWEEN THEM, ARE CLEAR.
- (C) WHORL PRINTS CANNOT BE CLASSIFIED UNLESS THE TWO DELTAS, AND THE LINES CONNECTING THE DELTAS, ARE CLEAR.
- (D) ARCH FINGERPRINTS CAN BE CLASSIFIED IF A SUFFICIENTLY CLEAR IMPRESSION IS OBTAINED TO PERMIT IDENTIFICATION OF THE PATTERN AS BEING AN ARCH.
9. IF, UPON EXAMINATION, IT APPEARS THAT ANY OF THE IMPRESSIONS CANNOT BE CLASSIFIED, NEW PRINTS SHOULD BE MADE. IF NOT MORE THAN THREE IMPRESSIONS ARE UNCLASSIFIABLE, NEW PRINTS OF THESE FINGERS MAY BE TAKEN AND PASTED OVER THE DEFECTIVE ONES. IF MORE THAN THREE ARE UNCLASSIFIABLE, MAKE A NEW CHART.

1. LOOP



2. WHORL



3. ARCH



PRIVACY ACT STATEMENT

SOLICITATION OF THIS INFORMATION IS AUTHORIZED BY SECTIONS 1304 (LOYALTY INVESTIGATIONS) AND 3301 (CIVIL SERVICE) OF TITLE 5, U.S. CODE; EXECUTIVE ORDER 10450 (SECURITY REQUIREMENTS FOR GOVERNMENT EMPLOYMENT); OR PUBLIC LAW 82-298 (AUTHORITY FOR CONDUCTING CERTAIN PERSONNEL INVESTIGATIONS). THIS INFORMATION WILL BE USED TO SEARCH THE FEDERAL BUREAU OF INVESTIGATION'S FINGERPRINT FILES IN DETERMINING YOUR FITNESS FOR FEDERAL EMPLOYMENT OR A SECURITY CLEARANCE. IT MAY ALSO BE USED FOR SEARCHES OF OTHER LAW ENFORCEMENT AGENCIES MAINTAINING FINGERPRINT FILES FOR THE SAME PURPOSE. FURTHER USE OF THIS INFORMATION IN ACCORDANCE WITH PUBLIC LAW 93-579 (PRIVACY ACT) SECTION 2, (B)(4). CONFIDENTIALITY IS NOT PROVIDED.

SOLICITATION OF YOUR SOCIAL SECURITY NUMBER (SSN) IS AUTHORIZED BY EXECUTIVE ORDER 9089, WHICH REQUIRES FEDERAL AGENCIES TO USE THE SSN AS A MEANS OF IDENTIFYING INDIVIDUALS IN FEDERAL PERSONNEL RECORD SYSTEMS. FURNISHING YOUR SSN OR ANY OF THE OTHER REQUESTED INFORMATION IS VOLUNTARY. HOWEVER, FAILURE TO FURNISH THE INFORMATION MAY RESULT IN YOUR NOT BEING CONSIDERED FURTHER FOR EMPLOYMENT OR A CLEARANCE, OR IN A DETERMINATION BASED ON AVAILABLE, PERHAPS INCOMPLETE, INFORMATION. A FALSE ANSWER TO ANY QUESTION ON THIS FORM IS PUNISHABLE BY LAW (TITLE 18, U.S. CODE, SECTION 1001).

PUBLIC BURDEN INFORMATION

THE PUBLIC BURDEN FOR THIS COLLECTION OF INFORMATION IS ESTIMATED TO TAKE APPROXIMATELY FIVE (5) MINUTES PER RESPONSE. THIS INCLUDES TIME FOR COMPLETING THE FORM, REVIEWING THE INSTRUCTIONS, AND THE ACTUAL FINGERPRINTING OF THE INDIVIDUAL. SEND COMMENTS REGARDING THE BURDEN ESTIMATE OR ANY OTHER ASPECT OF THIS COLLECTION OF INFORMATION, INCLUDING SUGGESTIONS FOR REDUCING THIS BURDEN, TO THE REPORTS AND FORMS MANAGEMENT OFFICER, U.S. OFFICE OF PERSONNEL MANAGEMENT, 1900 E STREET, N.W., ROOM 5480, WASHINGTON, DC 20415, AND THE OFFICE OF MANAGEMENT AND BUDGET, PAPERWORK REDUCTION PROJECT (3206-0150), WASHINGTON, DC 20503.

AN AGENCY MAY NOT CONDUCT OR SPONSOR, AND A PERSON IS NOT REQUIRED TO RESPOND TO A COLLECTION OF INFORMATION UNLESS IT DISPLAYS A CURRENT VALID OMB CONTROL NUMBER (5 CFR CHAP. 111, SECTION 1320.8 (b)(3)(v)).

SF 87 (Rev. 4/58) PREVIOUS EDITION IS UNUSABLE
NSN-7540-00-634-4037

FORM APPROVED
OMB NO. 3206-0150



87-105

THIS SPACE FOR FBI USE