



FBI Departmental Order Submission Form

Applicant Information

****Please read the instructions sheet for details****

To request a copy of your FBI criminal history record, please complete and sign this form and mail along with your Inquiries Channeling Registration Number and Two (2) fingerprint cards to:

**Inquiries, Inc.
8707 Commerce Drive, Suite A
Easton, MD 21601
Attn: FBI Departmental Order**

***Applicant MUST be a US Person (citizen of the United States or a lawful permanent Resident).**

***An FBI-approved Channeler cannot process a request for employment and/or licensing purposes within the United States.**

Reason for requesting a background check (The following are the only permissible purposes) Please select one of the following options:

- Personal Review/Challenge
- Living/Working/Traveling in a Foreign Country
- Other _____
- Foreign Adoption
- Court Related Matters

All Fields Required

Last Name:		First Name:	
Middle Name 1:		Middle Name 2:	
Date of Birth:		Last Four Digits of SSN:	
U.S. Citizen or Legal Permanent Resident <input type="checkbox"/> Yes <input type="checkbox"/> No			
Country of Citizenship:		Country of Residence:	
E-mail Address:			
Home Address:			
City:		State:	
Postal (Zip) Code:		Country:	
Daytime Phone Number:			
Height:	Weight:	Hair Color:	Eye Color:
Place of Birth:			

Payment Enclosed (please mark the appropriate box)

- Results sent back electronically through an email link
- Results mailed back on tamper proof paper through regular mail
- Results mailed back on tamper proof paper through priority mail with tracking
- Results mailed back on tamper proof paper through overnight Fed-Ex with tracking
- Additional Copies Requested ____ (enter number of copies)
- Cashier's Check Money Order Bill Account _____

If you are requesting your results to be sent back on tamper proof paper through regular mail, priority mail or Fed-Ex overnight you will also receive a copy of your results via e-mail.

***Applicant Signature** _____ **Date** _____

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.