RI-030 (01/2019) Michigan State Police Page 1 of 2

I. Authorizing Information

AUTHORITY: MCL 28.162, MCL 28.214, MCL 28.248, & MCL 28.273 **COMPLIANCE:** Voluntary. However, failure to complete this form will result in denial of request.

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. **Instructions:** See page two.

1. Fingerprint Rea NCPA/VCA - Child Volunteer (PL 105	d Protection		stor/Agend	cy ID 3.	. A	gency Name						4. Indiv	ridual ID (MNU-OA)	
II. Applicant Information: Type or clearly print answers in all fields before going to be fingerprinted.														
										1c. Mid	ddle Init	Idle Initial 1d. Suffix		
2. Any Alternative Names, Last Names, or Aliases 3. Social Security Number (Optional)												(Optional)		
4. Place of Birth (State or Country) 5. Dat			5. Date	e of Birth 6. Phone Numb			7. Driver's Lie		Licens	cense / State ID N		er	8. Issuing State	
9. Home Address			I	10. City							11. State		12. ZIP Code	
13. Sex	14. Race	ace			ght		16. Weight		17. E	17. Eye Color		18. F	Hair Color	
III. Live Scan	Informat	ion												
			e ID Type Presented				3. Transaction Control Numbe		r (TCN)	4. Live	e 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 A	IV. Privacy Act Statement													
(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. Principal Purpose: 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. 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; crimina														
If, after reviewing	ng his/her i	dentification	n record	l, the su	ıbje	ect thereof be	lieves that i	t is incorre	ct or i	ncomplete	in any	y respe	ct and wishes	
changes, correct the questioned entry on his/her Road, Clarksbut o verify or correctioning information agency. (28 CF	ctions, or uninformation record to rg, WV 26 ect the charton, the F	pdating of n. The sub the FBI, C 306. The F allenged er BI CJIS Di	the allego pject of a riminal Ju BI will th ntry. Upon	ged defination record ustice In the Indian I	cie ma nfo varo cei	ncy; he/she s ay also direct rmation Serv d the challend ipt of an offic	should make his/her cha ices (CJIS) ge to the ag ial communi	e applicatio llenge as to Division, A ency which ication dire	n dire the a TTN: subr	ectly to the accuracy SCU, Moo nitted the om the ag	e agend or com d. D2, data re jency v	cy which pletend 1000 C equesti which c	ch contributed ess of any Custer Hollow ng that agency ontributed the	
VI. Consent														
I understand that identification recretease of my parabove.	cords from	both the N	Michigan	State P	Poli	ce (MSP) and	d the FBI for	r the purpo	se list	ted above	. I her	eby au	thorize the	
Signature:										Date	:			

INSTRUCTIONS

Section I:

Authorizing Information:

This section is to be completed by the agency authorized to request civil fingerprint-based background checks.

1. Fingerprint Code:

The fingerprint code identifies the authorizing purpose in law allowing the agency to request the civil fingerprint-based background check. For example, School Employment (SE), Child Protection Volunteer (CPV), Health Care employment (HC).

2. Requesting Agency Identification (ID):

The requesting agency ID is assigned to your agency by the MSP. No request for fingerprinting can be completed without an agency ID. Please ensure the correct fingerprinting reason code and agency Identification is used. The MSP will charge for second requests due to incorrect codes.

3. Agency Name:

The agency name is the legal name of the authorized agency. For schools specifically, the agency name is the name recognized by the Michigan Department of Education.

4. Individual ID (MNU-OA)

The Individual ID is a unique identifier specific to the individual requested to submit fingerprints. An ID such as a state issued licensing number, a Personnel Identification Code (PIC) number, or other similar uniquely issued identifier/number.

Section II:

Applicant Information:

This section can be completed by the authorized agency, the individual, or as a joint effort by both. Section II specifically pertains to the demographic information needed in order to obtain the biometric data of the applicant and is a unique identifier specific to the applicant.

Section III:

Live Scan Information:

This section is required to be completed by the Live Scan vendor operator and must be completed at the time of fingerprinting. After fingerprinting, the applicant shall return this signed and completed document to the requesting agency. The Live Scan operator must return a completed copy of the form to the applicant.