UNITED STATES CAPITOL POLICE

# REQUEST FOR CHECK OF CRIMINAL HISTORY RECORDS

*(Please Type or Print Legibly)*

**INSTRUCTIONS**

- **APPLICANT –** Complete Sections 1-18 of this form.
- **APPLICANT'S AGENCY –** Complete sections 19-25 of this form.
- Bring this form along with a valid (non-expired) government-issued photo identification that officially establishes your identity to the United States Capitol Police Badging and Credentialing Division located in the Fairchild Building, 499 South Capitol Street, SW, Room 127, Washington, DC 20003.

| **1. NAME** (Last, First, Middle) | |
|---|---|
| **2. ADDRESS** (Complete Address) | |

| **3. EMPLOYER** | **4. USCP POSITION TO BE FILLED** |
|---|---|
| | |

| **5. OTHER NAMES EVER USED** (e.g., maiden name, nickname, etc.). If you have never used another name, write "None." |
|---|
| |

| **6. TELEPHONE NUMBER** | **7. DATE OF BIRTH** (mm/dd/yyyy) | **8. BIRTHPLACE** (City /State/ Country) | **9. SOCIAL SECURITY #** | **10. COUNTRY OR CITIZENSHIP** |
|---|---|---|---|---|
| | | | | |

| **11. GENDER IDENTITY** | **12. RACE** | **13. HEIGHT** | **14. WEIGHT** | **15. EYE COLOR** | **16. HAIR COLOR** |
|---|---|---|---|---|---|
| | | | | | |

**SIGNATURE AND RELEASE OF INFORMATION: READ THE FOLLOWING CAREFULLY BEFORE SIGNING**

- I understand that the information provided above will be used to check the criminal history records of the Federal Bureau of Investigation.
- I consent to the use of the information provided above in making a security determination concerning me.
- I certify that I am authorized to work in the United States and if requested can provide legal documents supporting my certifications.
- I acknowledge by my signature below that any falsification of the information provided and or the use, possession, or representation of any false identification by me is subject to prosecution and penalties.
- I certify that to the best of my knowledge and belief, all the information provided above is true, correct, complete, and made in good faith.

| **17. APPLICANT SIGNATURE** | **18. DATE** (mm/dd/yyyy) |
|---|---|
| | |

## AUTHORIZED REQUESTOR

**To be filled out by the individual Authorized to Request that the Applicant submit to a Criminal History Records check.**

| **19. NAME** (Last, First, Middle) please print | **20. AGENCY** |
|---|---|
| | |

| **21. POSITION/TITLE** | **22. TELEPHONE NUMBER** | **23. DATE OF REQUEST** |
|---|---|---|
| | | |

I request that the applicant/employee indicated above be fingerprinted by the United States Capitol Police and that these fingerprints be submitted for a check of the criminal history records of the Federal Bureau of Investigation. This check will be used in making a security determination concerning this applicant/employee. I have verified that the applicant is authorized to legally work within the United States in accordance with the federal government hiring provisions of the Immigration Reform and Control Act of 1986 (Pub. L. 603), as amended, applicable Form I-9 requirements, and any executed Memorandum of Understanding with the United States Capitol Police regarding Requests for Criminal History Record Information by Congressional Employing Offices.

| **24. SIGNATURE** | **25. DATE** (mm/dd/yyyy) |
|---|---|
| | |

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*(Please Type or Print Legibly)*

| BADGING AND CREDENTIALING DIVISION | | | |
|---|---|---|---|
| **26. INDIVIDUAL CONDUCTING RECORDS CHECK** | **27. DATE CHECK CONDUCTED** | **28. FBI # (If none, write none")** | **29. DOCUMENT ESTABLISHING IDENTITY** |
| | | | |