



Biometric Information Management

6059 Frantz Rd Suite 102

Dublin, Ohio 43017

(614) 456-1296

Out-of-state/Out-of-country Fingerprint Card Processing Procedures

1. Be sure to complete all of the necessary information on both fingerprint cards:

Full Name
Address
Signature
Date of Birth
Sex
Race
Height
Weight
Eye Color
Hair Color
Place of Birth
Social Security Number*
Drivers' License Number**
ORI Number

*Include your social security number in the SOC field on the cards. If you don't have one, write "not available" in that field.

**Include your drivers' license number in the MISC field on the cards. If you do not have a drivers' license number, provide another government ID number such as passport number in that field.

2. Take your government ID to your local law enforcement agency or fingerprint company to be fingerprinted. You may need to call several agencies to locate one offering this service.

3. Complete in its' entirety the form on page 2 of this document titled 'Contact Information'.

4. Provide payment. Within the US you may send a money order, cashiers' check, or use the attached form titled 'Credit Card Authorization'. US customers fee is \$85. International customers the fee is \$95 (USD). Do NOT send personal checks. International customers MUST PAY BY CREDIT/DEBIT CARD by completing the included Credit Card Authorization form. For additional questions you may contact us at fingerprints@bioinformgt.com or call 614.456.1296 Option 6

5. Mail the two cards, Contact Information Form, and Payment/Credit Card Authorization form to our new address:

Biometric Information Management
Card Processing Unit
6059 Frantz Rd, Suite 102
Dublin, Ohio 43017

CONTACT INFORMATION FORM

NAME: _____

ADDRESS: _____

ADDRESS: _____

EMAIL ADDRESS: _____

PHONE NUMBER: _____

ORI #: _____

SUBMISSION CHECKLIST:

____ Two Completed Applicant FD 258 Cards

____ Completed Contact Information Form (Including ORI Number)

____ Payment of \$85 for Domestic - \$95 (US) for International

Send all of the above documents to:

Biometric Information Management
Card Processing Unit
6059 Frantz Rd, Suite 102
Dublin, Ohio 43017

Please see the Credit Card Authorization Form below or include a Cashier's Check or Money Order.

Thank you for choosing B.I.M.



CREDIT CARD AUTHORIZATION FORM Please complete this form and print clearly Brief Description of Product/Service Purchased (i.e. 'Card Scan'): _____ In order for BIM to charge your credit/debit card, the following MUST be completed and signed:

NAME: _____

COMPANY NAME (If any): _____

CREDIT CARD BILLING ADDRESS: _____

CITY: _____ STATE (if applicable): _____

COUNTRY: _____ ZIP/POSTAL CODE: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

CHECK ONE: VISA MASTERCARD AMERICAN EXPRESS

NAME AS IT APPEARS ON CARD: _____

CREDIT/DEBIT CARD NUMBER: _____

EXPIRATION DATE: _____ CVV CODE: _____ (3 or 4 digits)

BILLING ZIP CODE: _____

AUTHORIZED AMOUNT: _____

TODAY'S DATE: _____

SIGNATURE: _____