



Tax & Licensing Division
5850 W Glendale Ave
Glendale AZ 85301
Ph: (623) 930-3190
taxlic@glendaleaz.gov

MASSAGE & BODYWORK ESTABLISHMENT INFORMATION SHEET

- You may apply for a Massage or Bodywork Establishment License in person at the City of Glendale, Customer Service lobby located on the 1st Floor of City Hall. Applications will be accepted Monday through Friday between the hours of 7:30 AM to 5:00PM.
- The following fees are non-refundable and must be paid upon submission of the license application. Please make all checks and money orders payable to the City of Glendale.

| | |
|------------------------------|--------------------|
| ○ Application Fee | \$100.00 |
| ○ Fingerprint Processing Fee | \$30.00 per person |
| ○ License Fee | \$250.00 |

- Along with all applicable fees, the following additional documentation must be submitted with your completed application:
 - Corporation, LLC, and partnerships: Articles of Incorporation, Article of Organization, Certificate of Limited Partnership, together with any amendments thereto.
 - A clear and legible 8 ½ x 11 sketch or diagram that shows a detailed layout of the business premise per Glendale City Code 22-5 (22).
 - Copy of business location lease or occupancy agreement
 - Property Certification Form
 - Employee Log
 - Copy of the Arizona Massage Therapy License for each therapist that will be operating at the business location
 - For all individuals with 10% or greater ownership interest:
 - Government issued photo identification card
 - Supplemental Questionnaire for each individual other than the applicant
 - Licensing Eligibility Form (sole proprietor and joint venture business entities only)
 - **Set of (2) fingerprints cards from an independent fingerprint agency or fingerprint cards can be obtained at the City of Glendale, Customer Service lobby on 1st Floor:**

5850 W Glendale Ave, Glendale AZ 85301

Phone: (623) 930-3190

Fingerprinting hours: Monday, 9:00 AM to 11:00 AM and 1:00 PM to 4:00 PM

- Prior to the issuance of your license, the application must be approved by the following Glendale departments:
 - Police
 - Fire
 - Planning & Zoning
 - Building Safety
 - Tax & Licensing
- If approved, all Massage and Bodywork Establishment licenses will be valid for a period of one (1) year from the application date.
- To renew this license, a completed renewal application, Employee Log with copies of their Arizona Massage Therapy License for all new therapists, photo identification card, and a \$250.00 non-refundable annual fee must be submitted to the Tax & Licensing Division at least forty-five (45) days prior to the expiration date of the license.
- **If you are engaging in any taxable activity within the Glendale city limits, you must register and apply online for a Transaction Privilege Tax (TPT) License at www.AZtaxes.gov. The TPT license is issued and administered by the Arizona Department of Revenue, which can be reached by calling (602) 255-3381.**



City of Glendale
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APPLICATION FOR MASSAGE & BODYWORK ESTABLISHMENT LICENSE

**** This application will not be processed unless it has been completed in its entirety and submitted with all required supplemental documents. ****

| | | | | |
|--|------------------------------------|--------------------|--|---|
| Check License Type Applying For: | | | <input type="checkbox"/> Massage Establishment | <input type="checkbox"/> Bodywork Establishment |
| SECTION I. ESTABLISHMENT INFORMATION | | | | |
| Establishment Name (DBA) | | | | |
| Establishment Street Address | | | City, State, Zip | |
| Business Email Address | | | Business Phone Number | |
| Days of Operation | | Hours of Operation | | |
| Will any food or merchandise be sold at the establishment? <input type="checkbox"/> Yes <input type="checkbox"/> No | Describe Types of Services Offered | | | |
| | Describe Types of Items Sold | | | State TPT License Number |
| SECTION II. MAILING ADDRESS | | | | |
| Mailing Name (Designated Agent) | | | | |
| Street Address or PO Box | | | | |
| City, State, Zip | | | | |
| SECTION III. LANDLORD INFORMATION (Attach a copy of lease or rental/occupancy agreement & signed Property certification form) | | | | |
| Do you own the establishment location? <input type="checkbox"/> Yes <input type="checkbox"/> No | Landlord Name | | Landlord Phone Number | |
| | Landlord Address | | City, State, Zip | |
| SECTION IV. OWNERSHIP INFORMATION | | | | |
| Type of Ownership: <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Joint Venture <input type="checkbox"/> Other_____ | | | | |
| Organization Name (LLC, corporation, etc.) | | | | |
| Organization Legal Address | | | City, State, Zip | |
| Business Email Address | | | Federal Employer Identification Number | |
| SECTION V. CONTROLLING PERSON(S) WITH 10% OR GREATER OWNERSHIP INTEREST OR EARNINGS OF THE BUSINESS | | | | |
| Title/Position | Name | | | % Owned |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| SECTION VI. INITIAL APPLICANT'S INFORMATION | | | | |
| Applicant's Name | Last | First | M | |
| Home Address | | | | Home Phone Number |
| City, State, Zip | | | | |
| Previous names by which you have been known and the years in which they were used | | | | |
| | | | | |

CITY OF GLENDALE - APPLICATION FOR MASSAGE & BODYWORK ESTABLISHMENT LICENSE

ESTABLISHMENT NAME FROM PAGE 1, SECTION I:

| | | | | |
|-------------------------------------|---------------|----------------------------------|--|---------------|
| Title/Position at Establishment | | Personal Email Address | | |
| Social Security Number | | Date of Birth (month, day, year) | US Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Place of Birth City, State, Country | | | Gender <input type="checkbox"/> Male <input type="checkbox"/> Female | |
| Race | Color of Eyes | Weight | Height | Color of Hair |
| | | | | |

SECTION VII. APPLICANT'S HOME ADDRESS HISTORY FOR THE PAST 10 YEARS BEGINNING WITH PRESENT ADDRESS

| From | To | Street Address | City, State, Zip |
|------|---------|----------------|------------------|
| | Present | | |
| | | | |
| | | | |
| | | | |
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SECTION VIII. APPLICANT'S BUSINESS, OCCUPATION OR EMPLOYMENT HISTORY FOR THE PAST 10 YEARS

| From | To | Business Name | Business Address |
|------|----|---------------|------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

SECTION IX. BACKGROUND INFORMATION

(Please read carefully. If not answered completely, it may be cause for this license request to be denied.)

In the past 10 years, have you had a felony arrest or been convicted of a felony, misdemeanor, including dismissals, expungement, or convictions that have been set aside, but excluding civil traffic offenses? ☐ Yes ☐ No

(If yes, list all convictions below. Attach a separate sheet if needed.)

| Date | Offense | Location of Offense | Penalty Assessed |
|------|---------|---------------------|------------------|
| | | | |
| | | | |
| | | | |

Have you ever had a business license suspended, denied or revoked in this or any other city, county, state or federal agency?

(If yes, list all jurisdictions, license types and reasons below. Attach a separate sheet if needed.)

☐ Yes ☐ No

| Date | License Type | City/State/County | Reason for Action & Outcome |
|------|--------------|-------------------|-----------------------------|
| | | | |
| | | | |

SECTION X. SIGNATURE AND CERTIFICATION

IMPORTANT

I hereby give consent to the City of Glendale to investigate my background, including any police records or records of any kind or description. I hereby waive any claim or cause of action regarding the use of my background information or police record that I may have against the City of Glendale or its agents and employees, and against any other individual or agency disclosing or releasing background information to the City of Glendale.

I certify that the statements made in this application are true, complete, and correct to the best of my knowledge. Any false, misleading, or incomplete information constitutes grounds for denial of this license. I understand that the issuance of a business license shall in no way be construed as permission to operate a business in violation of any other law or regulation to which such activity may be subject. Also, this license does not preclude the authority of other city agencies. I should call the Planning Division at (623) 930-2800 if I have questions concerning land use or zoning before engaging in business.

I also certify that I am familiar with the Code provisions governing the Massage and Bodywork Establishment License that I am applying for. I hereby attest that I have verified that no person not qualified to own, control, or manage a Massage or Bodywork Establishment is involved in the ownership, control, or management of this applicant.

| | | |
|------------|-----------|------|
| Print Name | Signature | Date |
| | | |



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Tax & Licensing
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MASSAGE & BODYWORK ESTABLISHMENT LICENSE SUPPLEMENTAL QUESTIONNAIRE

ADDITIONAL OWNERS AND OFFICERS OTHER THAN THE APPLICANT

| SECTION I. CONTROLLING PERSON(S) WITH 10% OR GREATER OWNERSHIP INTEREST OR EARNINGS OF THE BUSINESS | | | | | |
|---|---------------|----------------------------------|--------|--|--|
| Name | | Last | | First M. | |
| Home Address | | | | | |
| City, State, Zip | | | | Home Phone Number | |
| Previous names by which you have been known and the years in which they were used. | | | | | |
| Title/Position at Establishment | | | | Personal Email Address | |
| Social Security Number | | Date of Birth (month, day, year) | | US Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Place of Birth City, State, Country | | | | Gender <input type="checkbox"/> Male <input type="checkbox"/> Female | |
| Race | Color of Eyes | Weight | Height | Color of Hair | |
| SECTION II. RESIDENTIAL ADDRESSES FOR THE PAST 10 YEARS BEGINNING WITH THE PRESENT ADDRESS | | | | | |
| From | To | Street Address | | City, State | |
| | Present | | | | |
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| SECTION III. APPLICANT'S BUSINESS, OCCUPATION OR EMPLOYMENT HISTORY FOR THE PAST 10 YEARS | | | | | |
| From | To | Business Name | | City, State, Zip | |
| | | | | | |
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CITY OF GLENDALE - MASSAGE & BODYWORK ESTABLISHMENT LICENSE SUPPLEMENTAL QUESTIONNAIRE

CONTROLLING PERSON NAME FROM SUPPLEMENTAL QUESTIONNAIRE PAGE 1, SECTION I:

SECTION IV. BACKGROUND INFORMATION

(Please read carefully. If not answered completely, it may cause this license request to be denied.)

In the past 10 years, have you had a felony arrest or been convicted of a felony, misdemeanor, including dismissals, expungement, or convictions that have been set aside, but excluding civil traffic offenses? ☐ Yes ☐ No

(If yes, list all convictions below. Attach a separate sheet if needed.)

| Date | Offense | Location of Offense | Outcome |
|------|---------|---------------------|---------|
| | | | |
| | | | |
| | | | |
| | | | |

Have you ever had a business license suspended, denied or revoked in this or any other city, state county, or federal agency? ☐ Yes ☐ No

(If yes, list all jurisdictions, license types and reasons below. Attach a separate sheet if needed.)

| Date | License Type | City/State/County | Reason for Action & Outcome |
|------|--------------|-------------------|-----------------------------|
| | | | |
| | | | |

SECTION V. SIGNATURE AND CERTIFICATION

IMPORTANT

I hereby give consent to the City of Glendale to investigate my background, including any police records or records of any kind or description. I hereby waive any claim or cause of action regarding the use of my background information or police record that I may have against the City of Glendale or its agents and employees, and against any other individual or agency disclosing or releasing background information to the City of Glendale.

I certify that the statements made in this application are true, complete, and correct to the best of my knowledge. Any false, misleading, or incomplete information constitutes grounds for denial of this license. I understand that the issuance of a business license shall in no way be construed as permission to operate a business in violation of any other law or regulation to which such activity may be subject. Also, this license does not preclude the authority of other city agencies. I should call the Planning Division at (623) 930-2800 if I have questions concerning land use or zoning before engaging in business.

I also certify that I am familiar with the Code provisions governing the Massage and Bodywork Establishment License that I am applying for. I hereby attest that I have verified that no person not qualified to own, control, or manage a Massage or Bodywork Establishment is involved in the ownership, control, or management of this applicant.

| | | |
|------------|-----------|------|
| Print Name | Signature | Date |
|------------|-----------|------|



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Massage & Bodywork Establishment Diagram Requirements

A clearly legible sketch or diagram showing the configuration of the overall business premises of the massage establishment or bodywork establishment that includes, at a minimum, all the following:

- The location of all interior doors, walls, curtains and room dividers.
- A description of the use of each interior space or room, including a designation, by type of use, of each room or space available for bodywork or massage therapy.
- A designation of each room or space that is being, or is intended to be, leased, subleased, or licensed for use by any person other than the applicant and a description of its intended and actual use.

The sketch or diagram need not be professionally prepared but shall be drawn on one (1) page measuring 8 ½ inches x 11 inches with marked dimensions of the interior of the premises to an accuracy of plus or minus six (6) inches.

A “wall” shall include any interior barrier, including transparent glass, which extends more than fifty-four (54) inches from the level of the finished floor.

MASSAGE & BODYWORK ESTABLISHMENT DIAGRAM

Business Name: _____ License No: _____

Business Address: _____ Days & Hours Open: _____

(Include all interior doors, walls, curtains, and room dividers. Designate the type of use for each room and its dimensions. Any room or space planned to be leased, subleased, or licensed by any person other than the applicant)

List of Services: _____



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MASSAGE & BODYWORK ESTABLISHMENT PROPERTY CERTIFICATION

Please complete the following form relating to the entity that is applying for a massage or bodywork establishment license within the City of Glendale. **This form must be signed by the property owner, landlord, and all controlling persons with 10% or more interest of the below named establishment.**

Per Glendale City Code 22-5(20), a massage or bodywork establishment application will not be considered complete or eligible for a license until this fully completed form is submitted to the Licensing office.

Business Name (DBA): _____

Business Location Address: _____

Type of License Applied For: _____

Glendale City Code 22-5(20): A signed statement from all controlling persons, the landlord, and property owner acknowledging that it is a class 3 misdemeanor under Arizona Revised Statute § 13-2908 to, by conduct either unlawful in itself or unreasonable under the circumstances, recklessly create or maintain a condition which endangers the safety or health of others, or to knowingly conduct or maintain any premises, place, or resort where persons gather for purposes of engaging in unlawful conduct.

Glendale City Code 22-6: No manager, landlord or property owner that has a massage establishment or bodywork establishment occupant, shall knowingly permit or negligently fail to take reasonable actions to prevent criminal activity from occurring in or on the premises of the massage establishment or bodywork establishment. A violation of this section is a civil violation.

By signing below, you are only acknowledging you have received this information, and shall not be construed as an admission of liability or wrongdoing by either party.

| | | | |
|-----------------------------------|--------------------------------|---------------|------|
| Property Owner Name (Print) | Property Owner Signature | Contact Phone | Date |
| Landlord Name (Print) | Landlord Signature | Contact Phone | Date |
| Controlling Person 1 Name (Print) | Controlling Person 1 Signature | Contact Phone | Date |
| Controlling Person 2 Name (Print) | Controlling Person 2 Signature | Contact Phone | Date |
| Controlling Person 3 Name (Print) | Controlling Person 3 Signature | Contact Phone | Date |



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MESSAGE & BODYWORK ESTABLISHMENT EMPLOYEE AND CONTRACTOR LOG

Per Glendale City Code, Chapter 22-7, a list of all employees and independent contractors who will provide massage therapy or bodywork within Glendale must be submitted to the City. Any changes to staffing during the license term must be reported within ten (10) calendar days of the occurrence.

For new or renewal applications: Complete the following form by listing the below requested information for all establishment employees and contractors. This form must be submitted to the Licensing office along with your new or renewal Massage or Bodywork Establishment application.

For existing establishment licensees: If you are just reporting a change, complete this form by providing all below requested information for only the individuals being added or removed.

****Please note: A copy of the Arizona Massage Therapy License for each therapist that will be performing massage at the establishment must be included with this completed form. This includes new and renewal applications and existing establishment licensees reporting a change.**

Business Name (DBA): _____

Business Location Address: _____

License or Application Number: _____

| Employee or Contractor Name | Employment Position | Hire Date | Does this person perform massages? | Is this an existing employee or a change in status? |
|-----------------------------|---------------------|-----------|--|---|
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Existing |
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Existing |
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Existing |
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Existing |
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Existing |
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Existing |
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Existing |

Licensee Name (Print)

Licensee Signature

Contact Phone

Date



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LICENSE ELIGIBILITY

Before issuing a license to an individual, the individual must present one of the following documents to the municipality indicating that the individual's presence in the United States is authorized under federal law. If the sole proprietorship is a married couple, both spouses must complete a form. This is required under ARS 41-1080, also known as the "Legal Arizona Workers Act".

Do not complete this form if the license applicant is a corporation, limited liability company or general partnership.

Check the box next to the document indicating lawful presence.

*****A Government issued photo ID must be presented with any document that does not contain a photograph of the individual.**

| | |
|--------------------------|---|
| <input type="checkbox"/> | An Arizona driver license issued after 1996 or an Arizona non-operating identification license. |
| <input type="checkbox"/> | A driver license issued by a state that verifies lawful presence in the United States. |
| <input type="checkbox"/> | A birth certificate or a delayed birth certificate issued in any state, territory or possession of the United States. |
| <input type="checkbox"/> | A United States certificate of birth abroad. |
| <input type="checkbox"/> | A United States passport or passport card. |
| <input type="checkbox"/> | A foreign passport with a United States visa. |
| <input type="checkbox"/> | An I-94 form with a photograph. |
| <input type="checkbox"/> | A United States citizenship and immigration services employment authorization document or refugee travel document. |
| <input type="checkbox"/> | A United States certificate of naturalization. |
| <input type="checkbox"/> | A United States certificate of citizenship. |
| <input type="checkbox"/> | A tribal certificate of Indian blood. |
| <input type="checkbox"/> | A tribal or bureau of Indian affairs affidavit of birth. |
| <input type="checkbox"/> | Any other license that is issued by the federal government, any other state government, an agency of this state or a political subdivision of this state that requires proof of citizenship or lawful alien status before issuance. |

This provision does not apply to an individual, if EITHER:

1. BOTH of the following apply:
 - a. The individual is a citizen of a foreign country or, if at the time of application, the individual resides in a foreign country.
 - b. The benefits that are related to the license do not require the individual to be present in the United States in order to receive those benefits.

OR

2. ALL of the following apply:
 - a. The individual is a resident of another state.
 - b. The individual holds an equivalent license in that other state and the equivalent license is of the same type being sought in this state.
 - c. The individual seeks the Arizona license to comply with this state's licensing laws and not to establish residency in this state.

Signature of applicant

Date

Signature of municipal employee

Date



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MASSAGE & BODYWORK ESTABLISHMENT CHAPTER 22 ACKNOWLEDGMENT FORM

I have reviewed Glendale City Code, Chapter 22 – Massage and Bodywork Establishment Operations and acknowledge that as a controlling person of the business, I am fully responsible for ensuring that all provisions of Chapter 22 are enforced at all times. I understand that failure to comply with Chapter 22 may result in revocation or suspension of my license. Non-compliance with any provision of Chapter 22 may also result in criminal charges as indicated.

Controlling Person 1 Name (Print)

Controlling Person 1 Signature

Contact Phone

Date

Controlling Person 2 Name (Print)

Controlling Person 2 Signature

Contact Phone

Date

Controlling Person 3 Name (Print)

Controlling Person 3 Signature

Contact Phone

Date



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MASSAGE & BODYWORK ESTABLISHMENT LOCK DEVICE SYSTEM

Date: _____

Establishment Business (DBA) Name: _____

Establishment Address: _____

Requestor Name: _____

Requestor Phone Number: _____

Lock Device Code: _____

Pursuant to Glendale City Code 22-18(A)(3): It is not a violation of Section 22-18(A)(3) if the licensee "utilizes a locking system approved in writing by the Glendale Police Department which provides the Police Department with the ability to unlock the doors during regular business hours of the establishment for the purpose of conducting a lawful inspection authorized by Glendale City Code Chapter 22.

This signed form serves as the request of the massage or bodywork establishment licensee to the Glendale Police Department to approve a locking system for the above-named establishment location as per the above cited section of the Glendale City Code.

License Name (Printed)

Date

Licensee Signature (Printed)

Date

Glendale Police Department Representative

Date



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FBI Notification of Applicant Privacy Rights

Dear Applicant,

Your fingerprints will be used to check the criminal history records of the FBI.

If you have a criminal history record, the officials making a determination of your suitability for the special regulatory license must provide you the opportunity to complete or challenge the accuracy of the information in the record. You will be afforded 10 days to correct or complete the record (or decline to do so) before officials deny you the special regulatory license based on information in the criminal history record.

The procedures for obtaining a change, correction, or updating of your FBI criminal history record are set forth in Title 28, Code of Federal Regulations (CFR), Section 16.30 through 16.34. Information on how to review and challenge your FBI criminal history record can be found at www.fbi.gov under "Services" then "Identity History Summary Checks" or by calling (304) 625-5590.

To obtain a copy of your Arizona criminal history in order to review/update/correct the record, you can contact the Arizona Department of Public Safety Criminal History Records Unit at (602) 223-2222 to obtain a fingerprint card and a Review and Challenge packet. Information on the review and challenge process can be found on the DPS website (www.dps.gov).

Name (Print): _____

Signature: _____

Date: _____



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FINGERPRINTING INFORMATION/VERIFICATION FORM

The following instructions are intended to help you and your chosen fingerprinting agency expedite the licensing process:

1. You will need to take a copy of your application to an independent fingerprinting agency or to your local law enforcement agency. **PLEASE CALL THE AGENCY AHEAD** to be sure they do fingerprinting. Not all law enforcement agencies offer this service.
2. The fingerprinting agency will keep the application, take a copy of your government issued photo ID to verify your identity and take two (2) sets of fingerprints.
3. You may go to any outside agency to be fingerprinted; these are a few suggestions. Contact the agency for fees and hours available.

Glendale City Hall
5850 W Glendale Ave (1st Floor)
Mondays 9:00 am – 11:00 am & 1:00 pm – 4:00 pm
(623) 930-3190

Arizona Livescan
Various locations
(602) 246-3444

ATTENTION FINGERPRINT TECHNICIAN:

Please follow the instructions below for fingerprinting this applicant.

1. Please fill out or ensure that the applicant has filled out all the required boxes on the fingerprint card prior to taking the fingerprints.
2. Request a valid, unexpired government-issued photo ID from the applicant and compare the physical descriptors on the applicant's photo ID to the applicant and to the information on the fingerprint card.
3. Fill out the information in the boxes below. Please print clearly.
4. Once the prints have been taken, place the fingerprint card and this form into the envelope and seal it. Please write your name or identification across the edge of the seal. Return the sealed envelope to the applicant. *Do not give the applicant the fingerprint card without first sealing it inside the envelope.*

PRINT the following information:

| | |
|--|--|
| Date | Name of Applicant |
| Name of Fingerprint Technician (PRINT): | |
| Fingerprint Technician's Agency/Company Name | |
| Type of Photo ID provided (check one): | |
| <input type="checkbox"/> Driver's License/MVD Issued ID | <input type="checkbox"/> Other (Please specify) |
| <input type="checkbox"/> Passport | |

Privacy Act Statement

This privacy act statement is located on the back of the [FD-258 fingerprint card](#).

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information 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; criminal justice agencies; and agencies responsible for national security or public safety.

As of 03/30/2018

See Page 2 for Spanish translation.

Declaración de la Ley de Privacidad

***Esta declaración de la ley de privacidad se encuentra al dorso del
FD-258 tarjeta de huellas digitales.***

Autoridad: La adquisición, preservación, e intercambio de huellas digitales e información relevante por el FBI es autorizada en general bajo la 28 U.S.C. 534. Dependiendo de la naturaleza de su solicitud, la autoridad incluye estatutos federales, estatutos estatales de acuerdo con la Pub. L. 92-544, Órdenes Ejecutivas Presidenciales, y reglamentos federales. El proveer sus huellas digitales e información relevante es voluntario; sin embargo, la falta de hacerlo podría afectar la terminación o aprobación de su solicitud.

Propósito Principal: Ciertas determinaciones, tal como empleo, licencias, y autorizaciones de seguridad, podrían depender de las investigaciones de antecedentes basados en huellas digitales. Se les podría proveer sus huellas digitales e información relevante/ biométrica a la agencia empleadora, investigadora, o responsable de alguna manera, y/o al FBI con el propósito de comparar sus huellas digitales con otras huellas digitales encontradas en el sistema Next Generation Identification (NGI) del FBI, o su sistema sucesor (incluyendo los depósitos de huellas digitales latentes, criminales, y civiles) u otros registros disponibles de la agencia empleadora, investigadora, o responsable de alguna manera. El FBI podría retener sus huellas digitales e información relevante/biométrica en el NGI después de terminar esta solicitud y, mientras las mantengan, sus huellas digitales podrían continuar siendo comparadas con otras huellas digitales presentadas a o mantenidas por el NGI.

Usos Rutinarios: Durante el procesamiento de esta solicitud y mientras que sus huellas digitales e información relevante/biométrica permanezcan en el NGI, se podría divulgar su información de acuerdo a su consentimiento, y se podría divulgar sin su consentimiento de acuerdo a lo permitido por la Ley de Privacidad de 1974 y todos los Usos Rutinarios aplicables según puedan ser publicados en el Registro Federal, incluyendo los Usos Rutinarios para el sistema NGI y los Usos Rutinarios Generales del FBI. Los usos rutinarios incluyen, pero no se limitan a divulgación a: agencias empleadoras gubernamentales y no gubernamentales autorizadas responsables por emplear, contratar, licenciar, autorizaciones de seguridad, y otras determinaciones de aptitud; agencias de la ley locales, estatales, tribales, o federales; agencias de justicia penal; y agencias responsables por la seguridad nacional o seguridad pública.

A partir de 30/03/2018