

# **Mail-in Instructions**

You have selected the mail-in fingerprints option for your criminal history background check. It is now up to you to complete the process by following the steps in this document.

Your fingerprints must be captured on an **Applicant FD-258** fingerprint card(s). Most law enforcement agencies should be able to provide these types of cards. If they cannot, contact the Criminal History Unit at (800) 340-1246 or, e-mail [crimhist@dhw.idaho.gov](mailto:crimhist@dhw.idaho.gov) to send you the appropriate cards. We recommend two (2) fingerprint cards per person to prevent delays.

*Please note, with this option there may be additional fees included by other agencies that take your fingerprints. These additional costs are not covered in your background check fee payable to the Criminal History Unit.*

**Mail-ins must include these three (3) items in an envelope that will prevent its contents from being folded, bent or rolled.**

- 1. ALL pages of your original signed and notarized application (print the application from the website) and,**
  - 2. The completed fingerprint cards (see next page for details), and**
  - 3. The applicable fee as displayed on your application status page.**
- Checks, money orders or cashier's checks are accepted. Make the payment payable to IDHW. An agencies letter of authorization to invoice is acceptable if that agency accepts invoice billing. Do not send Cash.*

If any items listed above are incomplete or missing, your mail-in packet will be returned and not processed. If the background check is for employment purposes, and it is rejected, this could make you non-compliant with the time frames established in IDAPA 16.05.06. In most cases, if you are an employee, you have 21 days from the date of notarization to send your fingerprints and background check materials to us for processing. If you are non-compliant, we may notify your employer and ask that you stop work until we receive the required materials.

Send mail-in items to:

Department of Health & Welfare  
Criminal History Unit  
1720 Westgate Dr. Ste A  
Boise, ID 83704

Any questions regarding the criminal history background check process, call the main office toll free at (800) 340-1246 or, e-mail [crimhist@dhw.idaho.gov](mailto:crimhist@dhw.idaho.gov)

**INSTRUCTIONS FOR COMPLETING APPLICANT FINGERPRINT CARD**

\*\*\*\*TYPE OR PRINT ALL INFORMATION IN BLACK OR BLUE INK\*\*\*\*

\*\*\*\*DO NOT USE HIGHLIGHTER ON ANY PART OF THE CARD\*\*\*\*

**ENSURE THE OFFICIAL TAKING YOUR FINGERPRINTS SIGNS THE CARD AND INCLUDES THE DATE YOUR PRINTS WERE TAKEN. THE PERSON BEING FINGERPRINTED MUST ALSO SIGN THE CARD. MAKE SURE TO COMPLETE THE FOLLOWING BLOCKS ON THE FINGERPRINT CARD AS INDICATED BEFORE MAILING IT FOR PROCESSING.**

1. **SIGNATURE OF PERSON FINGERPRINTED** (Legible signature of person being fingerprinted must appear in the space provided)
2. **RESIDENCE OF PERSON FINGERPRINTED** (Include street address, city, state and zip)
3. **LAST NAME NAM FIRST NAME MIDDLE NAME** (PRINT legal last name, first name and middle name)
4. **ALIASES AKA** (List any and all nicknames alias, maiden and/or other married names if applicable)
5. **DATE OF BIRTH DOB** (List date of birth in **MMDDYYYY** format)
6. **CITIZENSHIP CTZ** (Indicate American citizenship (**US**) or other nationality)
7. **SEX** (**M** - Male, **F**- Female)
8. **RACE:**

White/Caucasion - <b>W</b>	Black - <b>B</b>	Hispanic - <b>H</b>
American Indian/Alaskan Native- <b>I</b>	Asian, or Pacific Islander- <b>A</b>	Other - <b>O</b>
9. **HGT.** (Height in feet and inches using all numerics. Example: 6' 01" = **601**)
10. **WGT.** (Weight in pounds using all numerics. Example: 135lbs = **135**)
11. **EYES** (List eye color):

Black - <b>BLK</b>	Blue - <b>BLU</b>	Brown - <b>BRO</b>
Gray - <b>GRY</b>	Green - <b>GRN</b>	Hazel - <b>HAZ</b>
12. **HAIR** (List hair color):

Bald - <b>BAL</b>	Gray or Partially - <b>GRY</b>
Black - <b>BLK</b>	Red or Auburn - <b>RED</b>
Blond or Strawberry - <b>BLN</b>	Sandy - <b>SDY</b>
Brown - <b>BRN</b>	
13. **PLACE OF BIRTH POB** (List city & abbreviated state where you were born)
14. **DATE** (Official taking fingerprints needs to indicate the date the fingerprints were taken)
15. **SIGNATURE OF OFFICIAL TAKING FINGERPRINTS** (Official taking fingerprints needs to sign his/her name)
16. **EMPLOYER AND ADDRESS** (Print name of company/agency and address requesting fingerprints. Include street address, city, state and zip)
17. **SOCIAL SECURITY NO. SOC** (PRINT Social Security Number of person being fingerprinted)

\*\*\*\*FINGERPRINT IMPRESSIONS IN EACH BLOCK\*\*\*\*

**NOTE: DO NOT BEND OR FOLD FINGERPRINT CARD(S)**