## APPLICANT FINGERPRINT TRANSACTION FOLLOW-UP REQUEST

This form is to be used for requesting the processing status of an employment, licensing or certification fingerprint clearance where no response has been received. This form is not intended to be used for updating an agency's file with current criminal history information or any other record keeping purpose.

A 1: (D :	ition	n Requestor:					
Applicant Processing Program P.O. Box 903417 Sacramento, CA 94203-4170 (916) 227- 3823 FAX (916) 227-2000			Telephone Number:				
,	,		Date				
Contributing Agency and	Address	7					
			Type of Application				
			FINGERPRINT CARD (30 Working Days)		LIVESCAN (7 Working Days)		
						ATI Transaction number	
	FO	LLOW-UP REG	QUEST	Γ FOR			
CALIFORNIA F	FINGERPRINT CLEAR	ANCE <b>OR</b>		FBI FINGERP	RINT CLE	ARANCE	
			ш	1 BIT IIVOLIKI	CIIVI OLL	, at the attention of t	
Applicant's Name Last		First			Middle		
						<u> </u>	
Maiden or Alias		DOB (Mandatory)			Sex	Date Print or Transaction Submitted	
CII # (Optional ) SOC #					DL#		
	FC	OLLOW-UP RE	PLY:				
	cord of receipt of this fir , cancelled check for p						
	transaction was received, please verify that sourcet.	•					
transaction was	reau files did show the rejected onith the rejection notice	be	cause	of poor quality f	ingerprints		
	Your fingerprint transaction has been received, however, there has been a delay in processing. If you do not receive a reply in 30 days, please resubmit a follow-up request with a copy of this form.						
However, we ar	A fingerprint transaction for a subject with a similar name and date of birth has been located and is in process. However, we are unable to determine if this is the fingerprint transaction submitted by your agency. If you do not receive a reply in 15 days, please resubmit a follow-up request with a copy of this form.						
Other							