Procedures for Submitting Hardcopy Fingerprints Cards to OPM

General

The PSI-CoE receives and processes 1,500 hardcopy fingerprint cards a week in support of the background investigation submission process. To more effectively streamline the process, the PSI-CoE has coordinated a solution with OPM as the Army deploys electronic fingerprint machines to the field. Please follow the below instructions to send fingerprint cards to OPM.

This new process DOES NOT apply to child care requests that are approved to be submitted through the PSI-CoE. The PSI-CoE will continue to accept the hard copy FP cards for child care requests and submit all required documentation in one package to OPM for child care requests.

SAC Processing and Valid SOIs

All FP cards require a valid SOI in order to be processed. The SOI for clearances should be A334 (CCF). The SOI for suitability cases should be the SOI where the report of investigation is returned to. The appropriate SOI for all FP cards and investigations for Soldiers (Active, Guard, and Reserve) is A334 (CCF). If your organization does not have an SOI, please coordinate with your higher headquarters (MACOM, DRU, ASCC, or FOA) to determine the appropriate SOI. ***New SOIs should not be requested to implement the process.***

When using this process, the PSI-CoE will be able to see the SAC date in JPAS and the requester will receive the SAC results at the provided SOI mailing address.

Note: In order for this process to work, a valid SOI with the correct address is required. To check the address on file for a particular SOI, call the OPM Agency Support Helpline at 724-794-5612, Extension 4600, and select the SOI/SON option.

Fingerprint Completion and Submission Procedure

1. Along with obtaining the subject's fingerprints on the SF87 or FD258 cards, the following information must be completed correctly:

Subject's full name
SSN
Sex
Race
Height
Weight
Eyes
Hair
DOB
POB (City and Country)
Subject's Signature

Note: To avoid OPM rejecting the card back for missing or incomplete information, please verify all information is correct before mailing the fingerprint cards.

2. Provide your organization's SON, SOI, and IPAC on the front of the fingerprint card (see attached example). The SOI can be used as both the SON and SOI for the hard card fingerprint submission. The SOI for clearances or military personnel should be A334 (CCF). The SOI for suitability cases should be the SOI where the report of investigation is returned to. If your organization does not have an SOI, you may use the SOI: A334. New SOIs should not be requested to implement the process.

Note: It is very important that the correct mailing address for your SOI is on file at OPM. To check the address on file for your SOI, call the OPM Agency Support Helpline at 724-794-5612, Extension 4600, and select the SOI/SON option. If your telephone number or mailing address for your SOI needs updating, use the PIPS Form 11.

3. For multiple fingerprint cards, OPM recommends a manifest be included in each box. The manifest will assist in validating that all cards listed were received in the package. The manifest should include the following information (example spreadsheet attached):

Subject's Full Name
SSN
Date sent to OPM
SOI/SON/IPAC

4. All fingerprint cards and manifests should be forwarded to the following address:

OPM-FIS
Attn: FP-SAC Unit
1137 Branchton Road
PO Box 618
Boyers, PA 16018

Note: It is recommended that whatever shipping method your organization chooses to use to send the fingerprint package, it has a tracking capability that enables you to see the status of the package throughout the delivery process.

Example Fingerprint Card

Example OPM Fingerprint Manifest

OPM Fingerprint Manifest					
Name (Last, First Middle Initial)	**SSN**	**Send Date**	**IPAC**	**SOI**	**SON**
Doe, John NMN	111-11-1111	18 Jan 11	DA-Army	A???	A???

SF 87(REV. APRIL 2006)
US OFFICE OF PERSONNEL MANAGEMENT
E.O. 10450

LEAVE BLANK

TYPE OR PRINT ALL INFORMATION IN BLACK

LAST NAME NAM	FIRST NAME	MIDDLE INITIAL
DOE	JOHN	NMN

FBI

LEAVE BLANK

SIGNATURE OF PERSON FINGERPRINTED: John Doe

O R I: USOPMOOOZ - FIPC BOYERS, PA

RESIDENCE OF PERSON FINGERPRINTED

SERIAL NO. (OPM USE ONLY) OCA

DATE OF BIRTH DOB

MONTH	DAY	YEAR
01	01	1940

ALIASES AKA

SEX	RACE	HGT.	WGT.	EYES	HAIR	PLACE OF BIRTH POB
M	W	6'2"	220	BLU	BRO	VA, USA

DATE: 15 JAN 11

SIGNATURE OF OFFICIAL TAKING FINGERPRINTS: Jenny Smith

TITLE AND ADDRESS

SCARS, MARKS, AND TATTOOS

LEAVE BLANK

CLASS

REF.

POSITION TO WHICH APPOINTED

FBI NO. FBI

DEPARTMENT, BUREAU, AND DUTY STA

IPAC: DA-ARMY
SOI:
SON:

SOCIAL SECURITY NO. SOC: 111-11-1111

1. R. THUMB	2. R. INDEX	3. R. MIDDLE	4. R. RING	5. R. LITTLE
6. L. THUMB	7. L. INDEX	8. L. MIDDLE	9. L. RING	10. L. LITTLE

LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY | L. THUMB | R. THUMB | RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY

SF-87

Federal Employee and Military Fingerprint Card - Numbered Fields are Required and Must be Fully Completed in Accordance With The Provided Instructions.

SF 87(REV. APRIL 2006)
US OFFICE OF PERSONNEL MANAGEMENT
E.O. 10450

LEAVE BLANK

TYPE OR PRINT ALL INFORMATION IN BLACK
LAST NAME NAM FIRST NAME MIDDLE INITIAL
1

FBI LEAVE BLANK

SIGNATURE OF PERSON FINGERPRINTED
2

ORI USOPMOOOZ - FIPC BOYERS, PA

RESIDENCE OF PERSON FINGERPRINTED

SERIAL NO. (OPM USE ONLY) OCA

DATE OF BIRTH DOB
MONTH DAY YEAR
12

ALIASES AKA

SEX	RACE	HGT.	WGT.	EYES	HAIR	PLACE OF BIRTH POB
5	6	7	8	9	10	11

DATE

SIGNATURE OF OFFICIAL TAKING FINGERPRINTS
3

LEAVE BLANK

TITLE AND ADDRESS

SCARS, MARKS, AND TATTOOS

CLASS

POSITION TO WHICH APPOINTED
13

FBI NO. FBI

REF.

DEPARTMENT, BUREAU, AND DUTY STATION (CITY AND STATE)

SOCIAL SECURITY NO. SOC
4

1. NAM
Full name in following order, LAST, FIRST, MIDDLE. Initials are NOT acceptable. If applicant has no middle name, enter NMN for the MIDDLE.

2. SIGNATURE OF PERSON FINGER-PRINTED
Signature of person fingerprinted (legal name).

3. DATE and SIGNATURE OF OFFICAL TAKING FINGERPRINTS
Signature and date of OFFICAL taking fingerprints.

4. SOC
Applicants' full social security number.

5. SEX
Enter "M" for male or "F" for female.

6. RACE *NOT REQUIRED*
Enter the applicable code:

American Indian or Native --	I
Asian or Pacific Islander --	A
Black --	B
White --	W
Unknown or Other --	U

7. HGT
Must include three numeric characters. Enter applicant's height in feet and inches. Do not use "or".
Example:
for 5' 11" enter 511
for 6' 1" enter 601

8. WGT
Must include three numeric characters. Enter applicant's weight in pounds.
Example:
for 94 pounds – enter 094
for 186 pounds –enter 186

9. EYES
Must include three letter code:

Color	Code
Black	BLK
Blue	BLU
Brown	BRO
Gray	GRY
Green	GRN
Hazel	HAZ
Maroon	MAR
Multicolored	MUL
Pink	PNK
Unknown	XXX

10. HAIR
Must include three letter code:

Color	Code
Bald	BAL
Black	BLK
Blonde or Strawberry	BLN
Brown	BRO
Gray	GRY
Red	RED
Sandy	SDY
White	WHT

11. POB (Place of Birth)
Enter applicable state (US or Mexico) or province (Canada) from the POB listing.

12. DOB (Date of Birth)
Must include full DOB (xx/xx/xxxx). Enter applicant's date of birth in order of month, day, and year.
Example:
January 1, 1965 = 01/01/1965
October 31, 1983 = 10/31/1983

13. IPAC/SOI/SON:
Add to "Position to Which Appointed"
IPAC: DA-Army, SOI:___, and SON:___.

FD-258

Contractor Fingerprint Card - Numbered Fields are Required and Must be Fully Completed in Accordance With The Provided Instructions.

APPLICANT

LEAVE BLANK

TYPE OR PRINT ALL INFORMATION IN BLACK

LAST NAME NAM FIRST NAME MIDDLE NAME

1

FBI LEAVE BLANK

SIGNATURE OF PERSON FINGERPRINTED

2

ALIASES AKA

ORI

RESIDENCE OF PERSON FINGERPRINTED

DATE OF BIRTH DOB Month Day Year

12

CITIZENSHIP CTZ

SEX 5 | RACE 6 | HGT 7 | WGT 8 | EYES 9 | HAIR 10

PLACE OF BIRTH POB

11

DATE

SIGNATURE OF OFFICIAL TAKING FINGERPRINTS

3

YOUR NO. OCA

LEAVE BLANK

EMPLOYER AND ADDRESS

FBI NO. FBI

CLASS

ARMED FORCES NO. MNU

REF.

REASON FINGERPRINTED

13

SOCIAL SECURITY NO. SOC

MISCELLANEOUS NO. MNU

4

1. NAM
Full name in following order, LAST, FIRST, MIDDLE. Initials are NOT acceptable. If applicant has no middle name, enter NMN for the MIDDLE.

2. SIGNATURE OF PERSON FINGER-PRINTED
Signature of person fingerprinted (legal name).

3. DATE and SIGNATURE OF OFFICAL TAKING FINGERPRINTS
Signature and date of OFFICAL taking fingerprints.

4. SOC
Applicants' full social security number.

5. SEX
Enter "M" for male or "F" for female.

6. RACE *NOT REQUIRED*
Enter the applicable code:

American Indian or Native --	I
Asian or Pacific Islander --	A
Black --	B
White --	W
Unknown or Other --	U

7. HGT
Must include three numeric characters. Enter applicant's height in feet and inches. Do not use "or".
Example:
for 5' 11" enter 511
for 6' 1" enter 601

8. WGT
Must include three numeric characters. Enter applicant's weight in pounds.
Example:
for 94 pounds – enter 094
for 186 pounds –enter 186

9. EYES
Must include three letter code:

Color	Code
Black	BLK
Blue	BLU
Brown	BRO
Gray	GRY
Green	GRN
Hazel	HAZ
Maroon	MAR
Multicolored	MUL
Pink	PNK
Unknown	XXX

10. HAIR
Must include three letter code:

Color	Code
Bald	BAL
Black	BLK
Blonde or Strawberry	BLN
Brown	BRO
Gray	GRY
Red	RED
Sandy	SDY
White	WHT

11. POB (Place of Birth)
Enter applicable state (US or Mexico) or province (Canada) from the POB listing.

12. DOB (Date of Birth)
Must include full DOB (xx/xx/xxxx). Enter applicant's date of birth in order of month, day, and year.
Example:
January 1, 1965 = 01/01/1965
October 31, 1983 = 10/31/1983

13. IPAC/SOI/SON:
Add to "Reason Fingerprinted"
IPAC: DA-Army, SOI:__, and SON:___.

POB (Place of Birth) CODES

USE CTZ (Citizenship) CODES IF NOT USA, MEXICO, OR CANADA

UNITED STATES OF AMERICA
(STATES and POSSESSIONS)

ALABAMA	AL
ALASKA	AK
ARIZONA	AZ
ARKANSAS	AR
CALIFORNIA	CA
COLORADO	CO
CONNECTICUT	CT
DELEWARE	DE
DISTRICT OF COLUMBIA	DC
FLORIDA	FL
GEORGIA	GA
HAWAII	HI
IDAHO	ID
ILLINOIS	IL
INDIANA	IN
IOWA	IA
KANSAS	KS
KENTUCKY	KY
LOUISIANA	LA
MAINE	ME
MARYLAND	MD
MASSACHUSETTS	MA
MICHIGAN	MI
MINNESOTA	MN
MISSISSIPPI	MS
MISSOURI	MO
MONTANA	MT
NEBRASKA	NB
NEVADA	NV
NEW HAMPSHIRE	NH
NEW JERSEY	NJ
NEW MEXICO	NM
NEW YORK	NY
NORTH CAROLINA	NC
NORTH DAKOTA	ND
OHIO	OH
OKLAHOMA	OK
OREGON	OR
PENNSYLVANIA	PA
RHODE ISLAND	RI
SOUTH CAROLINA	SC
SOUTH DAKOTA	SD
TENNESSEE	TN
TEXAS	TX
UTAH	UT
VERMONT	VT
VIRGINIA	VA
WASHINGTON	WA
WEST VIRGINA	WV
WISCONSIN	WI
WYOMING	WY
AMERICAN SAMOA ISLANDS	AM
CANAL ZONE	CZ
CAROLINE ISLANDS	CG
GUAM	GM
MARIANAS ISLANDS	MK
MARSHAL ISLANDS	MH
MIDWAY ISLAND	MW
PUERTO RICO	PR
VIRGIN ISLANDS OF THE US	VI
WAKE ISLAND	WK

CANDIAN PROVICES

ALBERTA	AB
BRITISH COLUMBIA	BC
MANITOBA	MB
NEW BRUNSWICK	NK
NEW FOUNDLAND (including Labrador)	NF
NORTHWEST TERRITORY	NT
NOVIA SCOTIA	NS
ONTARIO	ON
PRINCE EDWARD ISLAND	PE
QUEBEC	QC
SASKATSCHEWAN	SN
YUDON TERRITORY	YT

MEXICAN STATES

AGUASCALIENTIES	AG
BAJA CALIFORNIA North	BA
BAJA CALIFORNIA South	BJ
CAMPECHE	CE
CHIHUAHUA	CH
CHIPAPAS	CI
COAHUILA	CU
COLIMA	CL
DISTRICTO FEDERAL	DF
DURANGO	DO
GUANAJUAATO	GU
GUERRERO	GR
HILDAGO	HL
JALISCO	JL
MEXICO (state)	MX
MICHOACHAN	MC
MOARELOS	MR
NAYARIT	NA
NUEVO LEON	NL
OAXACA	OA
QUERETARO	QU
QUINTANA ROO	QR
SAN LUIS POTOSI	SL
SINALOA	SI
SONORA	SO
TAMAULIPAS	TA
TOBASCO	TB
TLAXCALA	TL
VERA CRUZ	VC
YUCATAN	YU
ZACATECAS	ZA

CTZ (Citizenship) CODES

USE FOR POB ONLY IF NOT USA, MEXICO, OR CANADA

AFGANISTAN	AF
AFRICA	AC
ALBANIA	AA
ALGERIA	AN
ANDORRA	AD
ANGOLA	AO
ANTARTICA	AY
ANTIGUA	AI
ARGENTINA	AT
AUSTRALIA	AS
AUSTRIA	AU
BAHAMA ISLANDS	BD
BAHRAIN/BAHREIN ISLANDS	BE
BARBADOS	BB
BELGIUM	BG
BERMUDA	BM
BHUTAN	BN
BOLIVIA	BV
BOTSWANA	BT
BRAZIL	BZ
BRUNEI	BX
BUGARIA	BU
BURMA	BR
BURUNDI	BI
CAMBODIA	CJ
CAMEROON	CM
CANADA (not for POB)	CD
CAPE VERDE	CV
CAYMAN ISLANDS	CP
CENTRAL AFRICAN REPUBLIC	CW
CEYLON	CY
CHAD	CF
CHILE	CN
COLUMBIA	CB
CONGO (Brazzaville or Kinshasa)	CX
COSTA RICA	CR
CUBA	CC
CYPRUS	CS
CZECHOSLOVAKIA	CK
DAHOMEY	DH
DENMARK	DK
DOMINICA	DM
DOMINICAN REPUBLIC	DR
EAST GERMANY/EAST BERLIN	EM
ECUADOR	EU
EGYPT	EY
EL SALAVADOR	EL
ENGLAND	EN
EQUATORIAL GUINEA	EK
ESTONIA	ES
ETHIOPIA	ET
FIJI ISLANDS	FJ
FINLAND	FK
FRANCE	FN
GABON	GB
GAMBIA	
GERMANY (see EM and WG)	GE
GHANA	GG
GREAT BRITIAN (see EN,SS, and WB)	
GREECE	GC
GREENLAND	GN
GRENADA	GJ
GUADELOUPE	GP
GUATEMALA	GT
GUINEA	GI
GUIANNA/GUYANA	GY
HAITA	HT
HOLLAND (see NE)	
HONDURAS	HD
DONG KONG	HK
HUNGARY	HU
ICELAND	IE
ITALY (including Sicily)	IT
JAMAICA	JM
JAPAN	JA
JORDAN	JO
KENYA	KE
KOREA	KR
KUWAIT	KU
LAOS	LS
LATVIA	LT
LEBANON	LN
LESOTHO	LE
LIBERIA	LB
LIBYA	LY
LIECHTENSTEIN	LI
LITHUANIA	LH
LUXEMBOURG	LX
MALAGASY REPUBLIC (including Madagascar)	MP
MALAWI	MF
MALAYSIA	MZ
MALDIVES	MV
MALI	ML
MALTA	MY
MAURITANIA	MU
MEXICO (not for POB)	MM
MONACO	MJ
MONGOLIA	MG
MORROCO	MQ
NAMIBIA (See SJ)	
NAURU	NR
NEPAL	NP
NETHERLANDS	NE
NEW CALEDONIA	NQ
NEW ZEALAND	NZ
NIGER	NH
NIGERIA	NG
NORTHERN IRELAND	NI
NORWAY	NW
PAKISTAN	PK
PANAMA	PM
PARAGUA	PV
PERU	PU
PHILIPPINES	PI
PITCAIRN ISLANDS	PC
POLAND	PO
PORTUGAL	PT
QUTAR	QA
REUNION	RE
RHODESIA	RH
RUMANIA (Romania/Roumania)	RU
RUSSIA (see USSR)	SX
RWANDA	RW
SAN MARINO	SH
SAUDI ARABIA	SB
SCOTLAND	SS
SENEGAL	SG
SEYCHELLES	SE
SIERRA LEONE	SA
SIKKIM	SK
SINGAPORE	SR
SOMALIA	SM
SOUTH AFRICA	SF
SOUTHERN YEMEN	ST
SOUTH-WEST AFRICA	SJ
SOVIET UNION	SX
SPAIN	SP
SUDAN	SU
SVALBARD	SV
SWAZILAND	SW
SWEDEN	SQ
SWITZERLAND	SZ
SYRIA	SY
TANZANIA	TZ
THAILAND	TH
TOGO	TO
TONGA	TH
TRINIDAD and TOBAGO	TT
TRUCIAL STATES	TC
TUNISIA	TU
TURKEY	TY
UGANDA	UG
UNITED ARAB REPUBLIC	UA
UNITED KINGDOM (see EN, SS, WL, or NI)	
UNITED STATES OF AMERICA	USA
UPPER VOLTA	UV
URUGUAY	UY
USSR	SX
VENEZUELA	VZ
VIETNAM	VM
WALES	WL
WEST GERMANY/WEST BERLIN	WG
WEST INDIES	WN
WESTERN SAMOA	WS
YEMEN	YE
YUGOSLAVIA	YG
ZAMBIA	ZM
ALL OTHERS	YY