DIVISION OF FINANCIAL INSTITUTIONS
AUTHORIZATION & CONSENT FORM

STATE OF HAWAII
DIVISION OF FINANCIAL INSTITUTIONS
DEPARTMENT OF COMMERCE &
CONSUMER AFFAIRS
335 MERCHANT STREET, ROOM 221
PO BOX 2054
HONOLULU, HI 96805
PHONE: (808) 586-2820
FAX: (808) 586-2818
E-MAIL: dfi@dcca.hawaii.gov
WEBSITE: http://cca.hawaii.gov/dfi/

I, _____, ("Subject") hereby consent to allowing, the State of Hawaii Division of Financial Institutions to obtain my fingerprints, conduct a criminal history record check that is required by the Division of Financial Institution's application approval process, participate in the rap back program, and obtain the results of that completed criminal history record check for the purpose of an application for:

Check one: ☐ Financial institution charter or license Company Name:_____

☐ Money transmitter license Company Name:_____

"Rap back program" refers to an Integrated Automated Fingerprint Identification System service that allows authorized agencies to receive notification of subsequent criminal activity reported to the FBI committed by persons of interest.

I hereby acknowledge that:

1. My fingerprints shall be retained by the Hawaii Criminal Justice Data Center and the Federal Bureau of Investigation; and
2. I have received and read the Federal Bureau of Investigation Privacy Act Notification, which is attached to this Authorization and Consent Form as Attachment A.

FULL LEGAL NAME:

_____

(Type or Print Legibly)

Signature: _____

Date: _____

Name of Company:_____

Take this form, the completed fingerprint card, the envelope addressed to the State of Hawaii Division of Financial Institutions, and the money order or cashier's check for conducting the criminal background check to the Official who will "roll" the fingerprints and complete the section on page 2.

THIS SECTION TO BE COMPLETED BY FINGERPRINTING COMPANY/AGENCY USED IF OTHER THAN THE HAWAII CRIMINAL JUSTICE DATA CENTER

The official performing the fingerprint "rolling" must be the one to enclose and seal the completed Fingerprint Card, [the] this completed DFI Authorization & Consent Form, the money order or cashier's check made payable to the State of Hawaii, as well as any documentation outlining any missing fingers, deformity of the and/or fingers or skin irritation, in [the] an envelope addressed to the Hawaii Division of Financial Institutions.

Name of Agency: _____
(Type or Print Legibly)

Address of Agency: _____
(Type or Print Legibly)

Subject's Full Legal Name: _____
(Type or Print Legibly)

Type of Picture Identification Inspected for Subject: _____

(Must be government-issued identification, inspected by official "rolling" the fingerprints)

Name of Official "Rolling" Fingerprints: _____
(Type or Print Legibly)

Signature of Official "Rolling" Fingerprints: _____

Date of "Rolling" Fingerprints: _____

FOR HCJDC USE ONLY

RESULTS OF SEARCH:

[ ] No Match [ ] No Record Found [ ] Criminal History Attached

HCJDC: Mail Completed Results to:

DIVISION OF FINANCIAL INSTITUTIONS
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
STATE OF HAWAII
PO BOX 2054
HONOLULU, HI 96805

FOR QUESTIONS: Call the Division of Financial Institutions at (808) 586-2820.

SUBJECT: Please retain this Attachment for your records.

ATTACHMENT A

FEDERAL BUREAU OF INVESTIGATION
PRIVACY ACT NOTIFICATION

Authority: The FBI's acquisition, preservation, and exchange of information requested by this form are generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include numerous Federal statutes, hundreds of State statutes pursuant to Pub.L. 92-544, Presidential executive orders, regulations and/or orders of the Attorney General of the United States, or other authorized authorities. Examples include, but are not limited to: 5 U.S.C. 9101; Pub.L. 94-29; Pub.L. 101-604; and Executive Orders 10450 and 12968. Providing the requested information is voluntary; however, failure to furnish the information may affect timely completion or approval of your application.

Social Security Account Number (SSAN): Your SSAN is needed to keep records accurate because other people may have the same name and birth date. Pursuant to the Federal Privacy Act of 1974 (5 USC 552a), the requesting agency is responsible for informing you whether disclosure is mandatory or voluntary, by what statutory or other authority your SSAN is solicited, and what uses will be made of it. Executive Order 9397 also asks federal agencies to use this number to help identify individuals in agency records.

Principal Purpose: Certain determinations, such as employment, security, licensing, and adoption, may be predicated on fingerprint-based checks. Your fingerprints and other information contained on (and along with) this form may be submitted to the requesting agency, the agency conducting the application investigation, and/or FBI for the purpose of comparing the submitted information to available records in order to identify other information that may be pertinent to the application. During the processing of this application, and for as long hereafter as may be relevant to the activity for which this application is being submitted, the FBI may disclose any potentially pertinent information to the requesting agency and/or to the agency conducting the investigation. The FBI may also retain the submitted information in the FBI's permanent collection of fingerprints and related information, where it will be subject to comparisons against other submissions received by the FBI. Depending on the nature of your application, the requesting agency and/or the agency conducting the application investigation may also retain the fingerprints and other submitted information for other authorized purposes of such agency(ies).

Routine Uses: The fingerprints and information reported on this form may be disclosed pursuant to your consent, and may also be disclosed by the FBI without your consent as permitted by the Federal Privacy Act of 1974 (5 USC 552a(b)) and all applicable routine uses as may be published at any time in the Federal Register, including the routine uses for the FBI Fingerprint Identification Records System (Justice/FBI-009) and the FBI's Blanket Routine Uses (Justice/FBI-BRU). Routine uses include, but are not limited to, disclosures to: appropriate governmental authorities responsible for civil or criminal law enforcement, counterintelligence, national security or public safety matters to which the information may be relevant; to State and local governmental agencies and nongovernmental entities for application processing as authorized by federal and state legislation, executive order, or regulation, including employment, security, licensing, and adoption checks; and as otherwise authorized by law, treaty, executive order, regulation, or other lawful authority. If other agencies are involved in processing this application, they may have additional routine uses.