



DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
DIVISION OF FINANCIAL INSTITUTIONS

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PO BOX 2054
HONOLULU, HI 96805
PHONE: (808) 586-2820
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E-MAIL: dfi@dcca.hawaii.gov
WEBSITE: http://cca.hawaii.gov/dfi

State and National
Criminal History Record Check
Consent & Notification

Type or Print Legibly

This Consent & Notification form is submitted in connection with an application for (check one):

- Financial institution charter or license
Money transmitter license
Escrow depository license
Company Name: _____

Full Legal Name: _____

Alias(es): _____

SSN: _____ Sex: _____ Race: _____

Height: _____ Weight: _____ Eye: _____ Hair Color: _____

Place of Birth: _____ Date of Birth: _____

Citizenship: _____

- I have not been convicted of a crime.
I have been convicted of the following crime(s):

Describe the crime(s) and the particulars, such as dates, offense, and disposition (attach additional sheets as necessary):

[Empty box for describing crime(s)]

I, the undersigned subject, hereby authorize the State of Hawaii Division of Financial Institutions (DFI), as part of the application approval process for the license application indicated above, to submit a set of my fingerprints to the Hawaii Criminal Justice Data Center (HCJDC) and the Federal Bureau of Investigation (FBI) for the purposes of accessing and reviewing state and national criminal history records that may pertain to me.

I understand that I have the right to challenge the accuracy and completeness of the results of my fingerprint-based criminal history record check. Should the Department/DFI policy not allow a copy of the results to be given to me, I may obtain a copy of my criminal history record by submitting fingerprints and fees directly to the HCJDC and/or FBI.

I acknowledge that I have read, understand, and agree to the FBI Privacy Act Statement, and that I have received a statement of Non-Criminal Justice Applicant's Privacy Rights.

Signature: _____ Date: _____

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 completed Consent & Notification form (reverse side of this document), 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 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 page for your records.

FBI Privacy Act Statement

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.

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, 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.

Additional Information: The requesting agency and/or the agency conducting the application-investigation will provide you additional information pertinent to the specific circumstances of this application, which may include identification of other authorities, purposes, uses, and consequences of not providing requested information. In addition, any such agency in the Federal Executive Branch has also published notice in the Federal Register describing any systems(s) of records in which that agency may also maintain your records, including the authorities, purposes, and routine uses for the system(s).

Non-Criminal Justice Applicant's Privacy Rights

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for a job or license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification¹ that 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 job, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The officials must advise you that the procedures for obtaining a change, correction, or updating of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the job, license, or other benefit based on information in the criminal history record.²

You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.³

If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <http://www.fbi.gov/about-us/cjis/background-checks>.

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)

Endnotes

¹ Written notification includes electronic notification, but excludes oral notification.

² See 28 CFR 50.12(b).

³ See 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 42 U.S.C. 14616, Article IV(c); 28 CFR 20.21(c), 20.33(d) and 906.2(d).