

MEMORANDUM

DATE: April 14, 2016

TO: VECHS Customers

FROM: User Services Bureau/Criminal History Services Section/Volunteer and Employee Criminal History System (VECHS)

SUBJECT: Name-Based Search Requests

The attached information pertains to VECHS customers obtaining national name-based searches from the Federal Bureau of Investigation (FBI) for customers whose fingerprints have been rejected twice for image quality.

In an effort to assist you with this process, we are providing the attached form to be used by VECHS customers. The "ORI of State/Federal/Regulatory Agency" and "Address of requesting agency" have already been populated with the appropriate data and should not be modified. VECHS customers may then choose to either fax the completed CJIS Name Search Request Form to **(304) 625-5102** (ATTENTION: NAME CHECK REQUEST) or submit the form via mail to the following address:

FBI CJIS DIVISION
IDENTIFICATION AND INVESTIGATIVE SERVICES SECTION
MODULE E-2
1000 CUSTER HOLLOW ROAD
CLARKSBURG, WV 26306
ATTENTION: NAME CHECK REQUEST

Please remember that all requests for name-based searches must be **submitted within 90 days of the second rejected fingerprint notice**. Please be sure to complete the contact and phone/fax number information for your entity. To ensure complete and accurate processing, please also include your assigned entity number in the "Entity/OCA Number" field at the bottom.

If additional information or clarification is needed, please feel free to contact a member of the VECHS Team at (850) 410-8324.

Thanks!

Attachment

CJIS NAME SEARCH REQUEST FORM

Please be advised that an individual's fingerprints must be rejected twice for image quality prior to requesting a name check.

ORI of State/Federal/Regulatory Agency: **FL922030Z**

Your entity's Point of Contact (POC) for the response:

Phone number of POC: _____

Fax number of POC: _____

Address of requesting agency: **Florida Department of Law Enforcement**
CJIS/User Services Bureau
Attn: VECHS Team
P.O. Box 1489
Tallahassee, Florida 32302-1489

Subject of Name Check

***Transaction Control Number (TCN) of subject's fingerprint submission:**

***Name:** _____ **Alias:** _____

***Date of Birth:** _____ **Place of Birth:** _____

***Sex:** _____ ***Race:** _____ **Height:** _____ **Weight:** _____ **Eyes:** _____ **Hair:** _____

Social Security Number: _____ **Miscellaneous Number:** _____

***Entity/OCA Number:** _____

***The indicated fields are required for name check searches.**