Massage Establishment Licensure Application

Florida Board of Massage Therapy
PO Box 6330
Tallahassee, FL 32314-6330

Web: www.floridasmassagetherapy.gov
Email: info@floridasmassagetherapy.gov

Do Not Write in this Space
For Revenue Receipting Only

Fees must be paid in the form of a cashier's check or money order, made payable to: Department of Health

Choose your application type:

☐ New Massage Establishment (X-1020)	☐ **$255.00**	
☐ Change of Ownership (X-1020)	☐ **$255.00**	

The total fee of $255.00 includes the following:

Initial Licensure Fee	$100.00
Application & Inspection Fee	$150.00
Unlicensed Activity Fee	$5.00

An applicant, who is denied licensure, or withdraws the application prior to licensure, is entitled to a refund of $105.00 (initial licensure fee and unlicensed activity fee). A request to withdraw and/or receive a refund must be made in writing. Fees are refundable for up to 3 years from the date of receipt.

1. BUSINESS INFORMATION

Business Name (d/b/a): _____ (as it should appear on license)

Corporate Name: _____ (If different than d/b/a name)

Mailing Address: **(The address where mail and your license should be sent.)**

_____ _____ _____
Street/ PO Box Suite/Apt. No City

_____ _____ _____ _____
State Zip Country Business Phone Number

Physical Location: **(This will be posted on the Department's website.)**

_____ _____ _____
Street/ PO Box Suite/Apt. No City

_____ _____ _____ _____
State Zip Country Business Fax Number

Choose your identification number below

☐ Federal Employer Identification Number (FEID): _____

☐ Social Security Number (SSN): _____ (If business does not have a FEID number)

Email Notification: If you want to be notified of the status of your application by email, please check the "Yes" box and write your email address on the line provided below. If you choose this form of notification, you will receive information regarding your application file through email. You will be responsible for checking your email regularly and updating your email address with the Board office at: info@floridasmassagetherapy.gov

I want to be notified by email: ☐ **Yes** ☐ **No**

Email Address: _____

Under Florida law, email addresses are public records. If you do not want your e-mail address released in response to a public records request, do not provide an email address or send electronic mail to our office. Instead contact the office by phone or in writing.

2. OPERATING HOURS

A. Will colonics be performed at this location? ☐ Yes ☐ No

B. Is this facility ready for inspection? ☐ Yes ☐ No, it will be ready after _____ (mm/dd/yyyy)

C. Location Hours

☐ By Appointment Only

☐ Monday-Friday Open: _____ Close: _____

☐ Saturday Open: _____ Close: _____

☐ Sunday Open: _____ Close: _____

3. OWNERSHIP INFORMATION

A. Type of Ownership:

☐ Individual ☐ Corporation ☐ Partnership ☐ Other _____

If you selected **Corporation**, you must include with your application a copy of the Articles of Incorporation on file with the Florida Secretary of State's Office.

B. Does the corporation have more than $250,000 of business assets in this state?

☐ Yes ☐ No

If "Yes", submit a formal opinion letter from a Florida licensed Certified Public Accountant (CPA) affirming the corporation had more than $250,000 of business assets during the previous tax year; or in lieu of a formal opinion letter from a CPA you can submit a copy of your Florida Corporate Income/Franchise Tax Return (Form F-1120) from the previous tax year.

C. List the owner(s) of the establishment and all officers of the corporation as applicable.

Each person listed below having an ownership interest in the establishment including officers and members of the board of directors must submit to the background screening requirements under s. 456.0135, F.S., unless you answered "Yes" to 3B, pursuant to 480.043, F.S.

If 3B is "Yes", please list the owners below and only submit fingerprints for the owner, officer, or individual directly involved in the management of the establishment. If 3B is "Yes" and the prints are on file with DOH and available to the Board of Massage Therapy the requirement to submit the prints for this person is met. Attach additional sheets if necessary.

Owner/Officer- Title	Date of Birth	Mailing Address, City, State, Zip Code	SSN

4. LICENSURE BACKGROUND

A. List any other name(s) by which any owner/officer has been known in the past.

_____

B. List all health related licenses any owner/officer has ever held (active, inactive or lapsed).

State/Country	Profession	License No.	Date Of Licensure

5. DISCIPLINARY HISTORY

1. ☐ Yes ☐ No Has any owner/officer ever been issued a cease and desist agreement or citation for the unlicensed practice of massage therapy or operating an establishment without a license?
2. ☐ Yes ☐ No Has any owner/officer of the proposed establishment ever had a license or certificate of registration to practice massage therapy or any other licensed profession or a massage establishment license revoked, suspended or otherwise acted against (including but not limited to probation, fine, reprimand, or surrender of a license) in a disciplinary proceeding or in response to an investigation in any state?
3. ☐ Yes ☐ No Has any owner/officer of the proposed establishment ever had a license or certificate of registration to practice massage therapy or any other licensed profession or a massage establishment license denied for any reason in any state?
4. ☐ Yes ☐ No Is there currently pending against any owner/officer of the proposed establishment complaint or investigation in any state/jurisdiction for professional conduct or competence?
5. ☐ Yes ☐ No Has any owner/officer of the proposed establishment ever been a defendant in a civil litigation in which the basis of the complaint against you was an alleged negligence, malpractice, sexual misconduct or fraud?

6. CRIMINAL HISTORY

Answers to commonly asked questions can be found on our website at:
http://www.floridasmassagetherapy.gov/help-center/#faqs

If you answer "Yes" to any of the questions in this section, you are required to send the following items:

- **Self Explanation** describe the circumstances of each offense; include dates, location, charges and final results.
- **Final Dispositions and Arrest Records** for all offenses. The Clerk of the Court in the arresting jurisdiction will provide you with these documents. If unavailable, a letter stating such must come from the Clerk of the Court.
- **Completion of Sentence Documents**. You may obtain document from the Department of Corrections. The report must include the start date, end date and that the conditions were met.

A. ☐ Yes ☐ No Has any owner/officer **EVER** been convicted of, or entered a plea of guilty, nolo contendere, or no contest to, a crime in any jurisdiction other than a minor traffic offense? You must include all misdemeanors and felonies, even if adjudication was withheld.
Reckless driving, driving while license suspended or revoked (DWLSR), driving under the influence (DUI) or driving while impaired (DWI) are not minor traffic offenses for purposes of this question.

B. ☐ Yes ☐ No Have charges ever been brought against any owner/officer by any branch of the United States Armed Services?

Failure to disclose information in this section may result in a denial of your application.

7. CRIMINAL AND MEDICAID/MEDICARE FRAUD QUESTIONS

Applicants for licensure, certification or registration and candidates for examination may be excluded from licensure, certification or registration if their felony conviction falls into certain timeframes as established in Section 456.0635(2), Florida Statutes. If you answer "Yes" to any of the following questions, please provide a written explanation for each question including the county and state of each termination or conviction, date of each termination or conviction, and copies of supporting documentation to the board office. Supporting documentation includes court dispositions or agency orders where applicable.

1. ☐ Yes ☐ No Has the applicant or any principal, officer, agent, managing employee, or affiliated person of the applicant been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony under Chapter 409, F.S. (relating to social and economic assistance), Chapter 817, F.S. (relating to fraudulent practices), Chapter 893, F.S. (relating to drug abuse prevention and control) or a similar felony offense(s) in another state or jurisdiction?

If you responded "No" to the question above, skip to question 2.

a. ☐ Yes ☐ No If "Yes" to 1, has the applicant or any principal, officer, agent, managing employee, or affiliated person of the applicant successfully completed a drug court program for a felony offense that resulted in the plea being withdrawn or charges dismissed?

b. ☐ Yes ☐ No If "Yes" to 1, for felonies of the first or second degree, has it been more than 15 years before the date of application?

c. ☐ Yes ☐ No If "Yes" to 1, for felonies of the third degree, has it been more than 10 years before the date of application, except for felonies of the third degree under Section 893.13(6), Florida Statutes?

d. ☐ Yes ☐ No If "Yes" to 1, for felonies of the third degree under Section 893.13(6)(a), Florida Statutes, has it been more than 5 years before the date of application?

2. ☐ Yes ☐ No Has the applicant or any principal, officer, agent, managing employee, or affiliated person of the applicant been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony under 21 U.S.C. ss. 801-970 (relating to controlled substances) or 42 U.S.C. ss. 1395-1396 (relating to public health, welfare, Medicare and Medicaid issues)?

If you responded "No" to the question above, skip to question 3.

a. ☐ Yes ☐ No If "Yes" to 2, has it been more than 15 years before the date of application since the sentence and any subsequent period of probation for such conviction or plea ended?

3. ☐ Yes ☐ No Has the applicant or any principal, officer, agent, managing employee, or affiliated person of the applicant ever been terminated for cause from the Florida Medicaid Program pursuant to Section 409.913, Florida Statutes?

If you responded "No" to the question above, skip to question 4.

a. ☐ Yes ☐ No If the applicant or any principal, officer, agent, managing employee, or affiliated person of the applicant has been terminated but reinstated, has the applicant or any principal, officer, agent, managing employee, or affiliated person of the applicant been in good standing with the Florida Medicaid Program for the most recent five years?

4. ☐ Yes ☐ No Has the applicant or any principal, officer, agent, managing employee, or affiliated person of the applicant ever been terminated for cause, pursuant to the appeals procedures established by the state, from any other state Medicaid program?

If you responded "No" to the question above, skip to question 5.

a. ☐ Yes ☐ No Has the applicant or any principal, officer, agent, managing employee, or affiliated person of the applicant been in good standing with a state Medicaid program for the most recent five years?

b. ☐ Yes ☐ No Did the termination occur at least 20 years before the date of this application?

5. ☐ Yes ☐ No Is the applicant or any principal, officer, agent, managing employee, or affiliated person of the applicant currently listed on the United States Department of Health and Human Services Office of Inspector General's List of Excluded Individuals and Entities?

6. ☐ Yes ☐ No **If "Yes" to any of the questions 1 through 5 above,** on or before July 1, 2009, was the applicant or any principal, officer, agent, managing employee, or affiliated person of the applicant enrolled in an educational or training program in the profession in which you are seeking licensure that was recognized by the Board of Massage Therapy or Department of Health?

ESTABLISHMENT NAME _____

8. LIVESCAN PRIVACY STATEMENT:

☐ I have been provided and read the statement from the Florida Department of Law Enforcement regarding the sharing, retention, privacy and right to challenge incorrect criminal history records and the "Privacy Statement" document from the Federal Bureau of Investigation. (Found in the forms following this application). The Board will not receive your Livescan results if you do not affirm the above statement by checking this box.

9. ELECTRONIC FINGERPRINTING:

All applicants, including out-of-state and out-of-country applicants, are required to submit their fingerprints electronically. The Department of Health accepts electronic fingerprinting offered by Livescan device providers that are approved by the Florida Department of Law Enforcement. For a list of approved Livescan vendors and frequently asked questions, please visit our website at **http://www.floridahealth.gov/licensing-and-regulation/background-screening/index.html**

Typically background results submitted by Livescan are received by the Board within 24-72 hours of being processed. **The Originating Agency Identification (ORI) number for the Board of Massage Therapy is: EDOH4600Z.** The Board cannot accept hard fingerprint cards or results. All results must be submitted electronically by the Livescan service provider.

Livescan screenings done by a Florida Police or Sheriff's Department require that you login to the FDLE Civil Applicant Payment System (CAPS) at **https://caps.fdle.state.fl.us** and pay a fee before results will be released to our office.

Applicants who reside in an area where no Livescan service providers are available or because of state laws prohibiting transmission of fingerprints electronically across state lines should contact a Florida Livescan service provider who has the capability to convert a traditional card (hard card) into an electronic fingerprint card.

Because the Florida Department of Health retains fingerprints on any applicant who is required to undergo a criminal history screening as of January 1, 2013, those prints are retained in the Care Provider Clearinghouse. This Clearinghouse allows for the sharing of criminal history information among specified agencies.

One of the requirements for your Livescan to be retained in the Clearinghouse is a photograph taken by the Livescan service provider at time of fingerprinting. If your Livescan is completed without a photograph, you may have to undergo additional fingerprinting in the future.

10. APPLICANT STATEMENT

I/ We do certify that I am/we are the person(s) referred to on the application as the Owner(s) or Corporate representative, if business is incorporated, and I/ We declare that the answers and all statements made by me/ us herein and in support of this application are true and correct. Should I/ we furnish any false information on or in support of this application, I/ we understand that such action shall constitute cause for denial, suspension, or revocation of any license to practice in the state of Florida in the profession for which I am/we are applying. I/ We hereby acknowledge that practice as a licensed Massage Establishment in Florida is governed by Chapters 456 and 480, F.S., and Rule Title 64B7, F.A.C. I/ We understand that it is my/our responsibility to operate this establishment in a safe and sanitary manner and to maintain insurance coverage as required by the Board's rules. I/ We understand that I am/ we are under a continuing obligation to understand and keep informed of any changes to Chapters 456 and 480, F.S., and Rule Title 64B7, F.A.C.

Applicant Signature: _____ **Date**: _____
This field cannot be typed. You must print the application and sign it. MM/DD/YYYY

All applications filed with the department are valid for one (1) year from the date of receipt.

FLORIDA BOARD OF MASSAGE THERAPY LICENSE VERIFICATION REQUEST

After completion of this form, please forward this form to the licensing agency of each state by which you are now or have been licensed.

Applicant Name: _____ FEID/ SSN: _____

Address: _____

Name original license was issued under: _____

License Number: _____State: _____

I hereby authorize release of any information regarding my licensure status to the Florida Board of Massage Therapy.

Applicant Signature: _____ Date: _____

STATE LICENSING AGENCY

All verifications shall be completed in English and mailed or sent electronically directly from the state(s) or jurisdiction(s) and must include the following criteria:

- □ Typed on an official state form or letterhead
- □ Include an official Board seal
- □ Signature and title of state Board official

The following information must be included in all verifications:

- □ Licensee name
- □ License number
- □ State or jurisdiction of licensure
- □ Dates of issuance/expiration
- □ Licensure method; exam type or endorsement
- □ Licensure status
- □ Is license in good standing?
- □ Has this license ever been encumbered (denied, revoked, suspended surrendered, limited, placed on probation)?

Complete verifications must be mailed or sent electronically directly from the state licensure Board to:

Florida Board of Massage Therapy
4052 Bald Cypress Way
Bin C-06
Tallahassee, FL 32399-3256

Fax (850) 412-2681
info@floridasmassagetherapy.gov

ESTABLISHMENT NAME: _____

CRIMINAL CONVICTION SELF EXPLANATION FORM

This form must be completed if you answer "YES" to any of the criminal history questions on the application. Please complete a separate form for EACH offense. Duplicate this form as necessary.

Name: _____

Social Security Number: _____

Level of Offense (Circle One): **Felony** **Misdemeanor**

Location of Occurrence: _____
City State

Date of Offense: _____ **Date of Sentencing:** _____

Offense Type (DUI, Battery, Prostitution, etc.): _____

Explanation/details surrounding the offense: What happened? What changes have you made? Attach additional sheets as necessary.

Sentencing Information: Please list the details of your sentencing (I.e.: probation, jail time, fines/costs, programs completed, etc.)

Current Disposition: Please list the current disposition of your sentencing.

Don't forget to attach documentation from the Clerk of Court pertaining to the arrest/charges, sentencing due to the arrest and proof of successful completion of your sentencing.

MASSAGE ESTABLISHMENT PRE-INSPECTION CHECKLIST

☐ Comply with all local building code requirements.

☐ A bathroom with at least one toilet and one sink with running water, toilet tissue, soap dispenser with soap or other hand cleaning materials, sanitary towels or other hand-drying device, and waste receptacle.

If equipped with a whirlpool bath, sauna, steam cabinet and/or steam room, maintain clean shower facilities on the premises.

☐ Facilities in a common area of the establishment.

Establishments located in buildings housing multiple businesses under one roof such as arcades, shopping malls, terminals, hotels, etc., may substitute centralized toilet facilities. Such central facilities shall be within three hundred (300) feet of the massage establishment.

☐ Provide for safe and unobstructed human passage in the public areas of the premises;

☐ Provide for removal of garbage and refuse.

☐ Provide for safe storage or removal of flammable materials.

☐ Maintain a fire extinguisher in good working condition on the premises.

As used herein "good working condition" means meeting the standards for approval by the State Fire Marshal. Such standards are presently contained in Chapter 69A-21, F.A.C.

☐ Exterminate all vermin, insects, termites, and rodents on the premises.

☐ Maintain all equipment used to perform massage services on the premises in a safe and sanitary condition, including the regular application of cleansers and bactericidal agents to the massage table.

Unless clean sheets, towels, or other coverings are used to cover the massage table for each client, "regular application," as used herein, means after the massage of each client.

If clean coverings are used for each client, then "regular application" shall mean at least one time a day and also whenever oils or other substances visibly accumulate on the massage table surface.

☐ Maintain a sufficient supply of clean drapes for the purpose of draping each client while the client is being massaged, and launder before reuse all materials furnished for the personal use of the client, such as drapes, towels and linens.

As used herein "drapes" means towels, gowns, or sheets.

☐ Maintain lavatories for hand cleansing and/or a chemical germicidal designed to disinfect and cleanse hands without the use of a lavatory in the treatment room itself or within 20 feet of the treatment area.

☐ Maintain all bathroom and shower facilities and fixtures in good repair, well-lighted and ventilated.

☐ Financial responsibility and insurance coverage. Each establishment shall maintain property damage and bodily injury liability insurance coverage. The original or a copy of such policy shall be available on the premises of the establishment.

From: 64B7-26.003, F.A.C. Specific Authority 480.035(7), 480.043(2) FS. Law Implemented 480.043(2) FS. History–New 11-27-79, Amended 10-13-81, 9-10-84, 9-25-85, Formerly 21L-26.03, Amended 4-30-87, 6-12-89, 8-15-89, 5-31-92, 11-2-92, Formerly 21L-26.003, 61G11-26.003, Amended 2-16-99, 11-4-99, 6-8-00.

You must pass an inspection by the Department of Health BEFORE you will be issued a license.

- A copy of the inspection form used by DOH inspectors can be found online here: http://floridasmassagetherapy.gov/applications/massage-app-sample-est-inspec.pdf
- Passing the inspection is NOT authorization for you to begin operation as a massage establishment
- You are NOT authorized to operate your establishment until you have been issued a license number

MASSAGE ESTABLISHMENT APPLICATION CHECKLIST

Keep a copy of the completed application for your records.

- ☐ **Application completed** *(all questions answered)*
- ☐ **Application signed**
- ☐ **Correct fee attached**
- ☐ **Articles of Incorporation from the Secretary of State** *(if applicable)*
- ☐ **Fingerprints have been submitted via livescan for all officers and owners**
- ☐ **Attestation for Business Taxable Assets of $250,000** *(if applicable)*
- ☐ **Documentation required for any "Yes" answers on application**
- ☐ **Proof of Insurance*** *(to be provided to DOH inspector at time of your inspection)*

*** The owner(s) or corporation(s) are/is required to maintain property damage and bodily injury liability insurance coverage on the massage establishment.**

- Proof of insurance MUST list the exact business name, address and owner(s) of the establishment as listed on the application.
- Only the licensed massage therapist who is the owner of the establishment may use insurance from a professional association to satisfy this requirement for establishment licensure.
- For more information regarding types of insurance please contact a licensed insurance agent directly.

Electronic Fingerprinting

Take this form with you to the Livescan service provider. Please check the service provider's requirements to see if you need to bring any additional items.

- Background screening results are obtained from the Florida Department of Law Enforcement and the Federal Bureau of Investigation by submitting to a fingerprint scan using the Livescan method;
- You can find a Livescan service provider at: http://www.floridahealth.gov/licensing-and-regulation/background-screening/index.html;
- Livescan screenings done by a Florida Police or Sheriff's Department require that you login to the FDLE Civil Applicant Payment System (CAPS) at https://caps.fdle.state.fl.us and pay a fee before results will be released to our office.
- Out of State/Country Livescan directions are included in the electronic fingerprinting section of this application.
- If you do not provide the correct Originating Agency Identification (ORI) number to the Livescan service provider the Board office will not receive your background screening results;
- You must provide accurate demographic information to the Livescan service provider at the time your fingerprints are taken, ***including your Social Security number (SSN)***;
- The ORI number for the Board of Massage Therapy is: ***EDOH4600Z***.
- Typically background screening results submitted through a Livescan service provider are received by the Board within 24-72 hours of being processed.
- If you obtain your Livescan from a service provider who does not capture your photo you may be required to be reprinted by another agency in the future.

Name: _____

Aliases: _____

Date of Birth: _____ (MM/DD/YYYY) Place of Birth: _____

Citizenship: _____ Race: _____ Social Security Number: _____
(W-White/Latino(a); B-Black; A-Asian; NA-Native American; U-Unknown)

Sex: _____ (M=Male; F=Female) Weight: _____ Height: _____

Eye Color: _____ Hair Color: _____

Address: _____ Apt. Number: _____

City: _____ State: _____ Zip Code: _____

Transaction Control Number (TCN#): _____
(This number will be provided to you by the Live Scan Vendor.)

You will need to keep this form for your records. Do not send this form to the Board Office.

FLORIDA DEPARTMENT OF LAW ENFORCEMENT

NOTICE FOR APPLICANTS SUBMITTING FINGERPRINTS WHERE CRIMINAL RECORD RESULTS WILL BECOME PART OF THE CARE PROVIDER BACKGROUND SCREENING CLEARINGHOUSE

NOTICE OF:

- **SHARING OF CRIMINAL HISTORY RECORD INFORMATION WITH SPECIFIED AGENCIES,**
- **RETENTION OF FINGERPRINTS,**
- **PRIVACY POLICY, AND**
- **RIGHT TO CHALLENGE AN INCORRECT CRIMINAL HISTORY RECORD**

This notice is to inform you that when you submit a set of fingerprints to the Florida Department of Law Enforcement (FDLE) for the purpose of conducting a search for any Florida and national criminal history records that may pertain to you, the results of that search will be returned to the Care Provider Background Screening Clearinghouse. By submitting fingerprints, you are authorizing the dissemination of any state and national criminal history record that may pertain to you to the Specified Agency or Agencies from which you are seeking approval to be employed, licensed, work under contract, or to serve as a volunteer, pursuant to the National Child Protection Act of 1993, as amended, and Section 943.0542, Florida Statutes. "Specified agency" means the Department of Health, the Department of Children and Family Services, the Division of Vocational Rehabilitation within the Department of Education, the Agency for Health Care Administration, the Department of Elder Affairs, the Department of Juvenile Justice, and the Agency for Persons with Disabilities when these agencies are conducting state and national criminal history background screening on persons who provide care for children or persons who are elderly or disabled. The fingerprints submitted will be retained by FDLE and the Clearinghouse will be notified if FDLE receives Florida arrest information on you.

Your Social Security Number (SSN) is needed to keep records accurate because other people may have the same name and birth date. Disclosure of your SSN is imperative for the performance of the Clearinghouse agencies' duties in distinguishing your identity from that of other persons whose identification information may be the same as or similar to yours.
Licensing and employing agencies are allowed to release a copy of the state and national criminal record information to a person who requests a copy of his or her own record if the identification of the record was based on submission of the person's fingerprints. Therefore, if you wish to review your record, you may request that the agency that is screening the record provide you with a copy. After you have reviewed the criminal history record, if you believe it is incomplete or inaccurate, you may conduct a personal review as provided in s. 943.056, F.S., and Rule 11C-8.001, F.A.C. If national information is believed to be in error, the FBI should be contacted at 304-625-2000. You can receive any national criminal history record that may pertain to you directly from the FBI, pursuant to 28 CFR Sections 16.30-16.34. You have the right to obtain a prompt determination as to the validity of your challenge before a final decision is made about your status as an employee, volunteer, contractor, or subcontractor.

Until the criminal history background check is completed, you may be denied unsupervised access to children, the elderly, or persons with disabilities.

The FBI's Privacy Statement follows on a separate page and contains additional information.

US Department of Justice
Federal Bureau of Investigation
Criminal Justice Information Services Division

PRIVACY STATEMENT

Authority: The FBI's acquisition, preservation and exchange of information requested by this form is 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 of 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 my 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 many 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 the application, they may have additional routine uses.

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.