



STATE OF WASHINGTON
GAMBLING COMMISSION

"Protect the Public by Ensuring that Gambling is Legal and Honest"

Fingerprint Card Requirements for Applicant:

Along with your application you are required to submit a fingerprint card. You may be fingerprinted at our Lacey office, located at 4565 7th Avenue SE, **by appointment only**, Monday through Thursday, 9:00 am to 3:00 pm. Visit our website at <https://wsgc.wa.gov/licensing/apply-license> for the link to schedule your appointment. Or you may go to your local law enforcement agency (city police or county sheriff). For more information call (360) 486-3441.

Fingerprinting at Our Office:

- We only fingerprint gambling license applicants and/or substantial interest holders.
- Only the person being fingerprinted is allowed. Children must be supervised at all times.
- Animals are not allowed, except those covered under the Americans with Disabilities Act.
- Make sure your hands are clean and dry prior to being fingerprinted (no lotion). If your hands are bleeding, have open wounds, or any fingers are bandaged, we are unable to roll your prints.
- Current identification is required at the time of printing.
- It takes approximately 20 minutes and there is a \$16 fee. This fee is non-refundable and paid prior to being printed.
- Neither the fingerprints nor the results will be returned to you.

Fingerprinting at Your Local Law Enforcement Office:

- Make sure that the top portion of the card is filled in correctly.
- The fingerprint card must be submitted with your completed application along with the appropriate fee(s).
- Once received, the fingerprint card is sent to the Washington State Identification Section of the Washington State Patrol, the Federal Bureau of Investigation in Washington DC, and any other jurisdiction deemed necessary to determine the qualification of each applicant.

Applicant Notification and Record Challenge:

Your fingerprints will be used to check the criminal history records of the FBI. You will be given reasonable time to complete or challenge the accuracy of the information contained in the FBI identification record, if needed. The procedure for obtaining a change, correction, or updating a FBI identification record are set forth in [Title 28, CFR, 16.34](#). Please contact us at the number below to discuss a reasonable timeframe.

If you have any questions, please contact a Licensing Specialist at 1-800-345-2529 (toll-free) or (360) 486-3441.

P.O. Box 42400, Olympia, WA 98504 | (360) 486-3440
901 N. Monroe St., Suite 240, Spokane, WA 99201 | (509) 325-7900
wsgc.wa.gov



STATE OF WASHINGTON
GAMBLING COMMISSION

"Protect the Public by Ensuring that Gambling is Legal and Honest"

TO: Local Law Enforcement Agency

The bearer of this letter has applied to the Washington State Gambling Commission to conduct or participate in regulated gambling activities in this state.

Pursuant to the provisions of RCW 9.46.070, we ask that you fingerprint this applicant using the enclosed card.

Please do not fingerprint the applicant until you have established their true identity.

If you are ink rolling, please roll applicant twice.

Fingerprinting fees are to be paid by the applicant at the time of printing. Please sign and date in the appropriate areas.

We thank you for your assistance and appreciate your cooperation. If you have any questions regarding the applicant or the validity of their request, please contact a Licensing Specialist at 1-800-345-2529 (toll-free) or (360) 486-3441.

Shaded areas represent the fields to be filled out by the individual being fingerprinted on the *actual* fingerprint card:

APPLICANT <small>* See Privacy Act Notice on Back</small>		LEAVE BLANK		TYPE OR PRINT ALL INFORMATION IN BLACK				FBI		LEAVE BLANK	
FD-258		SIGNATURE OF PERSON FINGERPRINTED		LAST NAME NAM		FIRST NAME		MIDDLE NAME			
RESIDENCE OF PERSON FINGERPRINTED		ALIASES AKA		OR				DATE OF BIRTH DOB		Month Day Year	
DATE		SIGNATURE OF OFFICIAL TAKING FINGERPRINTS		CITIZENSHIP CTZ		SEX		RACE		PLACE OF BIRTH POB	
EMPLOYER AND ADDRESS		YOUR NO. OCA		FBI NO. FBI		HGT		WGT		EYES	
REASON FINGERPRINTED		ARMED FORCE NO. MNU		SOCIAL SECURITY NO. SOC		CLASS		REF.		LEAVE BLANK	
		MISCELLANEOUS NO. MNU									

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FEDERAL BUREAU OF INVESTIGATION

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Social Security Account Number (SSAN): Pursuant to the Privacy Act of 1974, any Federal, state, or local government agency that requests an individual to disclose his or her SSAN, is responsible for informing the person whether disclosure is mandatory or voluntary, by what statutory or other authority the SSAN is solicited, and what uses will be made of it. In this instance, the SSAN is solicited pursuant to 28 U.S.C 534 and will be used as a unique identifier to confirm your identity because many people have the same name and date of birth. Disclosure of your SSAN is voluntary; however, failure to disclose your SSAN may affect completion or approval of your application.

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 system(s) of records in which that agency may also maintain your records, including the authorities, purposes, and routine uses for the system(s).

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.

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 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.