



Washington State Gambling Commission

Protect the Public by Ensuring that Gambling is Legal and Honest

TO: GAMBLING LICENSE APPLICANT OR SUBSTANTIAL BUSINESS HOLDERS

SUBJECT: FINGERPRINT INSTRUCTIONS

Fingerprint card requirements for applicant

If you're applying for an individual gambling license (e.g., card room dealer, representative, nonprofit gambling manager), you must provide us with fingerprint cards as part of your application, see WAC 230-03-060.

If you're a substantial interest holder of a commercial business or nonprofit applying for an organizational gambling license, we may require you to provide fingerprint cards. You can review WAC 230-03-045, 230-03-061, and 230-03-065.

Fingerprinting

We recommend you go to your local law enforcement agency, or a business formally trained to roll fingerprints. If your fingerprint cards are too low quality, the Federal Bureau of Investigation (FBI) may reject them, and you would have to get your fingerprints re-rolled at your expense. Take a copy of the Fingerprint Roll Authorization (GC5-232) letter with you to your appointment.

You may be fingerprinted at our Lacey office, located at 4565 7th Avenue SE, by appointment only, Monday through Friday, 9 a.m. - 3 p.m. For more information, contact a Licensing Specialist at 360-486-3441 or licensing@wsgc.wa.gov.

Preparing for your in-office visit

We only fingerprint gambling license applicants or substantial interest holders, as defined in WAC 230-03-045.

- You must pay a \$16 non-refundable fee before we can fingerprint you. Please bring a check, cashier's check, or exact change.
- You must bring a valid government-issued ID.
- We only allow the applicant in the fingerprinting room. Children must be under adult supervision at all times.
- You can't bring pets into our office, except service animals covered under the Americans with Disabilities Act.
- Make sure your hands are clean and dry before we roll your fingerprints (no lotion). We are unable to roll your prints if your hands are bleeding, have open wounds, or if you have any bandaged fingers. You must reschedule your appointment.
- It takes approximately 20 minutes.
- We won't give you the fingerprint cards or the results from the background check.

4565 7th Avenue SE
Lacey, WA 98503
wsgc.wa.gov

PO Box 42400
Olympia, WA 98504
360-486-3440

901 N Monroe St Suite 240
Spokane, WA 99201
509-325-7900

Fingerprinting at your local law enforcement office

- Make sure the top portion of the card is completed as shown on the sample below:

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	
DATE		SIGNATURE OF OFFICIAL TAKING FINGERPRINTS		CITIZENSHIP CTZ		SEX		RACE		DOB Month Day Year	
EMPLOYER AND ADDRESS		YOUR NO. OCA				HGT		WGT		EYES	
REASON FINGERPRINTED		FBI NO. FBI				HAIR		PLACE OF BIRTH POB		LEAVE BLANK	
		ARMED FORCE'S NO. MNU								CLASS _____	
		SOCIAL SECURITY NO. SOC								REF. _____	
		MISCELLANEOUS NO. MNU									

- Submit the completed fingerprint card(s) with your gambling application and the appropriate fee(s).

Running your background check

The Washington State Patrol, FBI, and any other jurisdiction deemed necessary to determine the qualification of each applicant, will run a background check and provide us with the results. The results will help us determine your eligibility for a license, per RCW 9.46.070(7).

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 a Licensing Specialist at 360-486-3441 to discuss a reasonable timeframe.



Washington State Gambling Commission

Protect the Public by Ensuring that Gambling is Legal and Honest

TO: LOCAL LAW ENFORCEMENT AGENCY OR FINGERPRINTING OFFICIAL

SUBJECT: FINGERPRINT ROLL AUTHORIZATION

The Washington State Gambling Commission requires individuals affiliated with gambling activities undergo a national background check, see WAC 230-03-045. The bearer of this letter has applied to conduct or participate in regulated gambling activities in Washington state. Pursuant to the provisions of RCW 9.46.070(7), we ask that you fingerprint this applicant.

Please don't fingerprint the applicant until you have established their true identity. If you are ink rolling, roll their fingerprints twice. The applicant is responsible for paying your fingerprinting fees. Please sign and date in the appropriate areas. If you are mailing the cards directly to us, you can mail them to:

Washington State Gambling Commission
PO Box 42400
Olympia, WA 98504

We thank you for your assistance and appreciate your cooperation.

If you have any questions regarding the applicant or the validity of their request, you can contact a Licensing Specialist at 1-800-345-2529 (toll-free), 360-486-3441, or licensing@wsgc.wa.gov.

The applicant must complete the information in the shaded areas below on each fingerprint card. Please provide them with the standard eye and hair color codes.

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

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GC5-232 (Rev. 1/25)

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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.