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 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.

Applicant Notification and Record Challenge

Your fingerprints will be used to check the criminal history records of the FBI. You have the opportunity to complete or challenge the accuracy of the information contained in the FBI identification record. The procedure for obtaining a change, correction, or updating an FBI identification record are set forth in Title 28, CFR, 16.34. You can find additional information on the FBI website at https://www.fbi.gov/about-us/cjis/background-checks

ELECTRONIC FINGERPRINT SUBMISSION RELEASE OF INFORMATION

I authorize the North Carolina State Bureau of Investigation, to perform a national criminal history record check in connection with my application for employment with the agency listed below.

I understand that the North Carolina State Bureau of Investigation, Criminal Information and Identification Section, the Federal Bureau of Investigation, and its officials and employees shall not be held legally accountable in any way for providing this information to the above named agency, and I hereby release said agency and persons from any and all liability which may be incurred as a result of furnishing such information. I understand my rights to complete or challenge the accuracy of the information contained in the FBI identification record. The procedure for obtaining a change, correction, or updating an FBI identification record are set forth in Title 28, CFR, 16.34.

Applicant/Licensee's Signature _____ Date _____

Applicant/Licensee's Printed Name _____

I authorize the above named subject to be fingerprinted and have the fingerprints submitted to the SBI electronically.

John C. Cable
Agency Authorized Official's Signature

September 1, 2026
Date

John G. Cable
Authorized Official's Printed Name

North Carolina Dept of Insurance
Agency Name

BAILB0001
Agency OCA#

1201 Mail Service Center, Raleigh, NC 27699-1201
Agency Address

919-807-6850
Agency Phone Number

I certify that I have taken the fingerprints of the above named subject and forwarded them electronically to the State Bureau of Investigation.

Signature of Official Taking Fingerprints _____ Date _____

This completed form is to be mailed to Agency listed above
Do NOT send this form to the SBI.

APPLICANT INFORMATION

Last Name: _____

First Name: _____

Middle Name: _____

Maiden Name: _____

Aliases: _____

Sex: ☐ Male ☐ Female

Race: ☐ White ☐ Black
☐ American Indian
☐ Asian or Pacific Islander
☐ Unknown

Height: _____

Weight: _____

Eye Color: ☐ Black ☐ Gray ☐ Maroon
☐ Blue ☐ Brown ☐ Green
☐ Hazel ☐ Pink ☐ Unknown

Hair Color: ☐ Bald ☐ Black ☐ Green
☐ Blonde ☐ Brown ☐ Gray
☐ Red or Auburn ☐ Sandy

Social Security Number:
(*optional) ___-___-____

Date of Birth: _____

Place of Birth _____

Residence:
_____
_____

Employer and Address:
DOI - Bail Bond Regulatory Division 1201 Mail Service Center, Raleigh, NC 27699

Reason Fingerprinted: Bail bondsman, state and federal search, NCGS 58-71-51

Agency Case #: BAILB0001

Type of Transaction: NFUF
Non fed-User Fee

NC FP Card Type:OTH

**Disclosure of social security number is entirely voluntary and not required. If disclosed, the social security number will be utilized to assist with accurate identification/exclusion of possible criminal history records.*