

Date \_\_\_\_\_

Contributor:

The enclosed fingerprints and/or correspondence are being returned to you because of reason(s) indicated below:

\_\_\_\_ Need original illegible fingerprint card to receive credit for processing.

\_\_\_\_ NIGC records show employees was terminated, please advise if fingerprint card is to be processed.

\_\_\_\_ Apparently mailed to us by mistake.

\_\_\_\_ (Contributor/ORI) (OCA) (Service) number omitted or incorrect.

\_\_\_\_ Name (not shown at top of card) (name and signature differ).

\_\_\_\_ Date of Birth (not given) (not clear) (incomplete).

\_\_\_\_ Social Security Number omitted.

\_\_\_\_ Place of Birth omitted.

\_\_\_\_ Essential information omitted or incomplete: \_\_\_\_ sex \_\_\_\_ descriptive data.

\_\_\_\_ Fingerprints illegible – submit another fingerprint card.

\_\_\_\_ Non-standard fingerprint card or form. Please re-submit.

\_\_\_\_ Need to send processing fee (\$21.00 per card).

\_\_\_\_ Signature of person fingerprinted omitted.

\_\_\_\_ Application incomplete/illegible, please re-submit.

\_\_\_\_ Fingerprint card for this individual has been previously processed; if processing needed, please re-submit with request to process.

\_\_\_\_ Other \_\_\_\_\_

After making appropriate changes and/or additions, please re-submit. Your cooperation is appreciated. If you have any questions, please contact \_\_\_\_\_ at 202-632-7003.