Submit two (2) Field Division 258 Fingerprint Cards (hard copy) with all fields complete and accurate with this cover sheet. The information below must be typed, complete, and accurate. Failure to do so may result in a delay in receiving a suitability letter. SSA cannot process suitability on contractor personnel until ALL of these documents are received, complete, and accurate.

Only use this form when submitting hardcopy fingerprint cards **after** electronically submitting the applicant listing with the Optional Form (OF) 306, Fair Credit Reporting Act (FCRA) form, and work authorization documentation for non-U.S. born applicants (as applicable).

**Note: Use of SSA’s electronic fingerprint services is highly recommended and will expedite processing. When mailing fingerprints, expect a 5 to 10-day delay in processing.**

|  |  |
| --- | --- |
| **COMPANY NAME:**  | **DATE SUBMITTED:** |
| **COMPANY POINT OF CONTACT INFORMATION:****NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **CONTRACT NUMBER:** |
| **CONTRACTING OFFICER’S REPRESENTATIVE-CONTRACTING OFFICER’S TECHNICAL REPRESENTATIVE INFORMATION:****NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **I affirm the OF-306, FCRA, and Work Authorization (as applicable) documentation was submitted to my designated COR-COTR on \_\_\_\_\_\_\_\_\_\_\_\_ (date).**  |
| **APPLICANT INFORMATION:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **LAST NAME, FIRST NAME, MIDDLE NAME** | **SOCIAL SECURITY NUMBER** | **DATE OF BIRTH****(mm/dd/yyyy)** | **PLACE OF BIRTH****(city/state/country)** |
| **1** |  |  |  |  |
| **2** |  |  |  |  |
| **3** |  |  |  |  |
| **4** |  |  |  |  |
| **5** |  |  |  |  |

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| **MAIL FINGERPRINT CARDS WITH THIS COVER SHEET TO:****Social Security Administration/Center for Suitability and Personnel Suitability****2246 Annex Building****6401 Security Boulevard****Baltimore, MD 21235** |