

FD-816 (1-22-93)

ACCESS OF NON-FBI PERSONNEL TO FBI FACILITIES
BACKGROUND DATA INFORMATION FORM
(COMPLETE ALL ITEMS)

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VIRGINIA
DEPARTMENT
OF
FORENSIC SCIENCE

Name (Type or Print Legibly)		Other Names Used (Maiden name and alias)	
Residence (Include City and State)		Social Security Number	
Date of Birth Month/Day/Year	Place of Birth	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
Company Name & Address		Supervisor & Telephone Number	
U. S. Citizenship: <input type="checkbox"/> By Birth <input type="checkbox"/> By Naturalization <input type="checkbox"/> By Other			
Location Naturalized		Date Naturalized	
Alien Registration Number	Location Registered	Date Registered	
Have you ever <u>been charged</u> with or convicted of any felony offense		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever <u>been charged</u> with or convicted of a firearms or explosives offense?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are there <u>currently</u> any charges pending against you for any criminal offense?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you <u>ever been</u> charged with or convicted of any offense(s) related to alcohol or drugs?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
In the last 10 years, <u>have you been</u> arrested for, charged with, or convicted for any offense(s) not listed above? (Leave out traffic fines less than \$100)		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, or if you have any doubts (e.g.-expungement, pardon etc.) furnish details on back of form. Attach additional sheet, if necessary.			
Have you ever lived in or visited a foreign country <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, furnish details. Attach additional sheet, if necessary.			

UNCONTROLLED COPY

CERTIFICATION THAT MY ANSWERS ARE TRUE

I have read and understand each of the above questions. My statements on this form, and any attachments to this form, are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that a knowing and willful false statement on this form can be punished by fine or imprisonment or both and will be reason to deny access to all FBI facilities.

Signature _____ Date _____
(Sign in Ink)

