



## CARD SCAN INFORMATION

Thank you for choosing Above Biometrics for your card scan needs.

Please follow these simple directions to process your fingerprint card.

Please send your **filled out & signed FD-258 FBI** (example) <https://www.fbi.gov/file-repository/standard-fingerprint-form-fd-258-1.pdf> card to:

**Above Biometrics**

**Attn: Card Scan**

**1363 Green Knolls Drive**

**Buffalo Grove, IL 60089**

**\*\*\*If you send "signature required" it may delay processing\*\*\***

*Please include the following with your FBI card(s):*

- 1) Check for \$65 **or** included credit card info sheet **or** Zelle to [jay@edtllc.com](mailto:jay@edtllc.com)  
If you would prefer a call to pay, make a note please. *Check payable to Above Biometrics.*
- 2) Your Cell number and your email address for your TCN# and your credit card receipt.
- 3) Any paperwork required for the state (i.e. **OOS form**, etc). Please **DO NOT** send us completed licensing paperwork.
- 4) **Clearly marked specific reason for fingerprints (RN, LPN, PHYS, etc) & FBI card demographic information completed. \*\*If for Nursing, please specify **RN** or **LPN**.**
- 5) We process your prints upon receipt -- 7 days a week [nancy@abovebiometrics.com](mailto:nancy@abovebiometrics.com)
- 6) **Please note:** We will provide the TCN. It is not in the correct space on the OOS form

# CREDIT CARD AUTHORIZATION FORM

Cardholder Name: \_\_\_\_\_

\_\_\_\_\_ Signature: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Credit Card Number:

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration \_\_\_\_\_ / \_\_\_\_\_

Billing Zip Code: \_\_\_\_\_

CVV Number (last 3 digits on the back or 4 digits on front of AMEX): \_\_\_\_\_



Amount Charged: \$ \_\_\_\_\_ (USD)

Apply Amount to: Invoice# \_\_\_\_\_ (if applicable)

*Send the authorization to:*

[nancy@abovebiometrics.com](mailto:nancy@abovebiometrics.com)

or in with your FBI card mailing