FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | | |
|--------------|----------|--|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-028 | | | | | | | | | |

OMB Number: 3235-0287
Estimated average burden hours per response: 0.5

| | Check this box if no longer subject to |
|---|--|
| ١ | Section 16. Form 4 or Form 5 |
| J | obligations may continue. See |
| | Instruction 1(h) |

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

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|---|---|--------|--|---------|--|---|---|------------|--------------------------------------|----------------|---|--|---------------|---|--|--|---|---|--|--|
| 1. Name and Address of Reporting Person* | | | | | | 2. Issuer Name and Ticker or Trading Symbol FIRST ADVANTAGE CORP [FADV] | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
| LONG JOHN W | | | | | 1 | THO THE WITHOUT COIL [IMDV] | | | | | | | | | X Director | | | 10% | Owner | |
| | | | | | | | | | | | | | | | X | Officer (give title below) | | Othe below | (specify | |
| (Last) (First) (Middle) | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 10/31/2003 | | | | | | | | | | | , | utive Officer | " | |
| ONE PROGRESS PLAZA, SUITE 2400 | | | | | 10/ | 10/31/2003 | | | | | | | | | | Ì | Siller Exec | unve Officer | | |
| (Street) | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. | 6. Individual or Joint/Group Filing (Check Applicable | | | | | | |
| ST. | - | т | 22701 | | | | | | | | | | | Li | Line) | | | | | |
| PETERS | BURG F | L | 33701 | | | | | | | | | | | | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| (City) | (; | State) | (Zip) | | | | | | | | | | | | | 1 013 | 011 | | | |
| | | Tab | le I - No | n-Deriv | ative | Se | curitie | s Acc | quired, | Dis | posed o | f, o | r Ben | eficia | ally (| Dwne | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | e Ex nth/Day/Year) if | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Transaction Disposed Code (Instr. 5) | | ities Acquired (A) d Of (D) (Instr. 3, 4 | | | 4 and Secu Bend Own | | cially I Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | | Code | v | Amount | | (A) or (D) | Price | . | Reported Transaction(s) (Instr. 3 and 4) | | | (111341. 4) | |
| Class A Common Stock 10/31/ | | | | | /2003 | | | | P | | 1,700 | | A \$16 | | .45 | 45 21,700 | | D | | |
| | | Ta | able II - I | | | | | | | | sed of, onvertib | | | | y Ov | ned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | | 3A. Deem Executior if any (Month/Da | Date, | Date, Transaction | | | | 6. Date E Expiratio (Month/E | n Dat | | 7. Title and Amount of Securities Underlying Derivative Security (Instrand 4) | | | Deriv | Price of rivative curity str. 5) | 9. Number or derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | Code V (A) | | | (A) | (D) | Date Expiration | | | | or Nu of | nount mber ares | 1 | | | | | | | | |

Explanation of Responses:

Remarks:

<u>By: Sharlyn Nudelman, Power of Attorney</u>

11/03/2003

** Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- * If the form is filed by more than one reporting person, see Instruction 4 (b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.