

APPLICANT <small>* See Privacy Act Notice on Back</small>		LEAVE BLANK		TYPE OR PRINT ALL INFORMATION IN BLACK				FBI		LEAVE BLANK	
				LAST NAME	FIRST NAME	MIDDLE NAME					
SIGNATURE OF PERSON FINGERPRINTED		ALIASES AKA		OR I				DATE OF BIRTH		DOB	
RESIDENCE OF PERSON FINGERPRINTED		CITIZENSHIP CTZ		SEX	RACE	HGT	WGT	EYES	HAIR	PLACE OF BIRTH	
DATE	SIGNATURE OF OFFICIAL TAKING FINGERPRINTS	YOUR NO. OCA								POB	
EMPLOYER AND ADDRESS		FBI NO. FBI									
REASON FINGERPRINTED		ARMED FORCES NO. MNU									
		SOCIAL SECURITY NO. SOC									
		MISCELLANEOUS NO. MNU									

Note: It is acceptable for a copy of the FBI FD-258 fingerprint card in this pdf to be printed on standard white letter-sized printer paper for ink card processing.

Instructions for completing the personal information on the fingerprint forms:

All fields highlighted in yellow above must be filled out on the fingerprint form completely.

Be sure to fill out both forms. Please print legibly and use **BLACK INK**.

1. Please print clearly in the **First, Middle and Last Name** fields.
2. **Signature of Person Being Fingerprinted** – You must sign this section when your fingerprints are applied to the card/form. This signature should be your full legal name, and it must be signed in the presence of the agent taking your fingerprints, so **DO NOT sign the card before your fingerprinting visit**.
3. **Residence of Person Fingerprinted** – Enter the residence of the person being fingerprinted.
4. **Signature of Official and Date** – Card must be signed and dated by the agent taking your prints.
5. **Reason Fingerprinted** – Please fill in the reason for fingerprinting in this field.
6. **Date of Birth** – Date of Birth should be entered MM/DD/YYYY.
7. **Citizenship** – Please enter the country of your citizenship.
8. **Sex** – Use M for Male and F for Female.
9. **Race** – Use the following for race.

W – White	I – American Indian or Alaskan Native
H – Hispanic	A – Asian
B – Black	

10. **HGT** (Height) – Enter height in feet and inches-- for example 5'5".
11. **WGT** (Weight) – Enter weight in pounds – for example 140.
12. **Eyes** – Use the following abbreviations for Eye Color:

BLK – Black	GRN – Green
BLU – Blue	GRY – Gray
BRO – Brown	HZL – Hazel

13. **Hair** – Use the following abbreviations for Hair Color:

BLK – Black	GRY – Grey/partially grey
RED – Red	BLN – Blonde
WHI – White	BLD – Bald
BRO – Brown	

14. **Place of Birth (POB)** – Enter the US state or the country of birth if place of birth is out of the US.
15. **Social Security Number (SOC)** – Enter the social security number of the person being fingerprinted.

SEX CODE TABLE

<i>External Code</i>	<i>Literal</i>	<i>Description</i>
F	Female	Female
M	Male	Male
X	Unknown	Unknown Sex

EYE COLOR CODE TABLE

<i>Eye Color Literal</i>	<i>External Code</i>
BLACK	BLK
BLUE	BLU
BROWN	BRO
GRAY	GRY
GREEN	GRN
HAZEL	HAZ
MAROON	MAR
MULTICOLOR	MUL
PINK	PNK

HAIR CODE TABLE

BALD	BLD
BLACK	BLK
BLONDE (or strawberry)	BLN
BLUE	BLU
BROWN	BRO
GREEN	GRN
GRAY (or partially gray)	GRY
ORANGE	ONG
PURPLE	PLE
PINK	PNK
RED (or auburn)	RED
SANDY	SDY
WHITE	WHI
UNKNOWN	XXX

RACE CODE TABLE

External Code	Literal	Description (If Subject Is)
A	Asian or Pacific Islander	Chinese, Japanese, Filipino, Korean, Polynesian, Indian, Indonesian, Asian Indian, Samoan, or other Pacific Islander
B	Black	A person having origins in any of the black racial groups of Africa
I	American Indian or Alaskan Native	American Indian, Eskimo, or Alaskan Native, or a person having origins in any of the 48 contiguous states of the United States or Alaska who maintains cultural identification through tribal affiliation or community recognition
U	Unknown	Of Indeterminable Race
W	White	Caucasian, Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

APPLICANT

* See Privacy Act Notice on Back

LEAVE BLANK

TYPE OR PRINT ALL INFORMATION IN BLACK

LAST NAME FIRST NAME MIDDLE NAME

FBI LEAVE BLANK

FD-258 (REV.12-10-07)

SIGNATURE OF PERSON FINGERPRINTED

ALIASES AKA

O
R
I

RESIDENCE OF PERSON FINGERPRINTED

DATE OF BIRTH DOB
Month Day Year

DATE SIGNATURE OF OFFICIAL TAKING FINGERPRINTS

CITIZENSHIP CTZ

SEX RACE HGT. WGT. EYES HAIR PLACE OF BIRTH POB

EMPLOYER AND ADDRESS

YOUR NO. OCA

LEAVE BLANK

FBI NO. FBI

CLASS

ARMED FORCES NO. MNU

REF.

SOCIAL SECURITY NO. SOC

MISCELLANEOUS NO. MNU

1. R. THUMB

2. R. INDEX

3. R. MIDDLE

4. R. RING

5. R. LITTLE

6. L. THUMB

7. L. INDEX

8. L. MIDDLE

9. L. RING

10. L. LITTLE

LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY

L. THUMB

R. THUMB

RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY

APPLICANT

* See Privacy Act Notice on Back

LEAVE BLANK

TYPE OR PRINT ALL INFORMATION IN BLACK

LAST NAME FIRST NAME MIDDLE NAME

FBI LEAVE BLANK

FD-258 (REV.12-10-07)

SIGNATURE OF PERSON FINGERPRINTED

RESIDENCE OF PERSON FINGERPRINTED

DATE SIGNATURE OF OFFICIAL TAKING FINGERPRINTS

EMPLOYER AND ADDRESS

REASON FINGERPRINTED

ALIASES AKA

O
R
I

CITIZENSHIP CTZ

SEX RACE HGT. WGT. EYES HAIR DATE OF BIRTH DOB
Month Day Year

PLACE OF BIRTH POB

YOUR NO. OCA

FBI NO. FBI

ARMED FORCES NO. MNU

SOCIAL SECURITY NO. SOC

MISCELLANEOUS NO. MNU

LEAVE BLANK

CLASS

REF.

1. R. THUMB 2. R. INDEX 3. R. MIDDLE 4. R. RING 5. R. LITTLE
6. L. THUMB 7. L. INDEX 8. L. MIDDLE 9. L. RING 10. L. LITTLE

LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY L. THUMB R. THUMB RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY

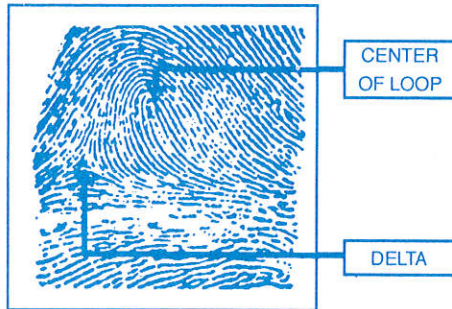
This page for information only -- FBI Privacy Statement

1110-0046 3/21/2010

FEDERAL BUREAU OF INVESTIGATION UNITED STATES DEPARTMENT OF JUSTICE CJIS DIVISION/CLARKSBURG, WV 26306

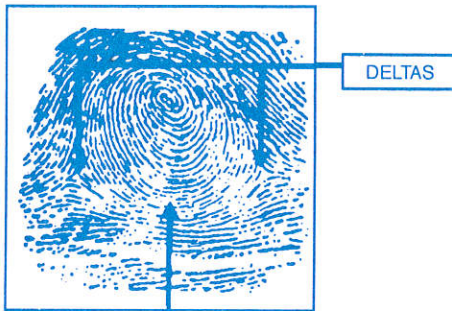
APPLICANT

1. LOOP



THE LINES BETWEEN CENTER OF
LOOP AND DELTA MUST SHOW

2. WHORL



THESE LINES RUNNING BETWEEN
DELTAS MUST BE CLEAR

3. ARCH



ARCHES HAVE NO DELTAS

FD-258 (REV. 12-10-07)

THIS CARD FOR USE BY:

1. LAW ENFORCEMENT AGENCIES IN FINGERPRINTING APPLICANTS FOR LAW ENFORCEMENT POSITIONS.*
2. OFFICIALS OF STATE AND LOCAL GOVERNMENTS FOR PURPOSES OF EMPLOYMENT, LICENSING, AND PERMITS, AS AUTHORIZED BY STATE STATUTES AND APPROVED BY THE ATTORNEY GENERAL OF THE UNITED STATES. LOCAL AND COUNTY ORDINANCES, UNLESS SPECIFICALLY BASED ON APPLICABLE STATE STATUTES DO NOT SATISFY THIS REQUIREMENT.*
3. U.S. GOVERNMENT AGENCIES AND OTHER ENTITIES REQUIRED BY FEDERAL LAW.**
4. OFFICIALS OF FEDERALLY CHARTERED OR INSURED BANKING INSTITUTIONS TO PROMOTE OR MAINTAIN THE SECURITY OF THOSE INSTITUTIONS.

Please review this helpful information to aid in the successful processing of hard copy criminal and civil fingerprint submissions in order to prevent delays or rejections. Hard copy fingerprint submissions must meet specific criteria for processing by the Federal Bureau of Investigation.

Ensure all information is typed or legibly printed using blue or black ink.

Enter data within the boundaries of the designated field or block.

Complete all required fields. (If a required field is left blank, the fingerprint card may be immediately rejected without further processing.)

* The required fields for hard copy fingerprint cards are: originating agency identifier number - date of birth - place of birth - name - sex fingerprint impressions - any applicable state stamp - Other (race, height, weight, eye color, hair color)

* criminal fingerprint cards also require an arrest charge and date of arrest.

* civil fingerprint cards also require a reason fingerprinted and date fingerprinted

Do not use highlighters on fingerprint cards.

Do not enter data or labels within 'Leave Blank' areas.

Ensure the 'Reply Desired' field is checked when applicable (criminal only).

Ensure fingerprint impressions are rolled completely from nail to nail.

Ensure fingerprint impressions are in the correct sequence.

Ensure notations are made for any missing fingerprint impression (i.e. amputation).

Do not use more than two retabs per fingerprint impression block.

Ensure no stray marks are within the fingerprint impression blocks.

Training aids can be ordered online via the Internet by accessing the FBI's website at: fbi.gov, click on 'Fingerprints', then click on 'Ordering Fingerprint Cards & Training Aids'. Direct questions to the Identification and Investigative Services Section's Customer Service Group at (304) 625-5590 or by e-mail at cliaison@leo.gov.

PRIVACY ACT STATEMENT

Authority: The FBI's acquisition, preservation, and exchange of information requested by this form is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include numerous Federal statutes, hundreds of State statutes pursuant to Pub.L. 92-544, Presidential executive orders, regulations and/or orders of the Attorney General of the United States, or other authorized authorities. Examples include, but are not limited to: 5 U.S.C. 9101; Pub.L. 94-29; Pub.L. 101-604; and Executive Orders 10450 and 12968. Providing the requested information is voluntary, however, failure to furnish the information may affect timely completion or approval of your application.

Social Security Account Number (SSAN). Your SSAN is needed to keep records accurate because other people may have the same name and birth date. Pursuant to the Federal Privacy Act of 1974 (5 USC 552a), the requesting agency is responsible for informing you whether disclosure is mandatory or voluntary, by what statutory or other authority your SSAN is solicited, and what uses will be made of it. Executive Order 9397 also asks Federal agencies to use this number to help identify individuals in agency records.

Principal Purpose: Certain determinations, such as employment, security, licensing, and adoption, may be predicated on fingerprint-based checks. Your fingerprints and other information contained on (and along with) this form may be submitted to the requesting agency, the agency conducting the application investigation, and/or FBI for the purpose of comparing the submitted information to available records in order to identify other information that may be pertinent to the application. During the processing of this application, and for as long hereafter as may be relevant to the activity for which this application is being submitted, the FBI may disclose any potentially pertinent information to the requesting agency and/or to the agency conducting the investigation. The FBI may also retain the submitted information in the FBI's permanent collection of fingerprints and related information, where it will be subject to comparisons against other submissions received by the FBI. Depending on the nature of your application, the requesting agency and/or the agency conducting the application investigation may also retain the fingerprints and other submitted information for other authorized purposes of such agency(ies).

Routine Uses: The fingerprints and information reported on this form may be disclosed pursuant to your consent, and may also be disclosed by the FBI without your consent as permitted by the Federal Privacy Act of 1974 (5 USC 552a(b)) and all applicable routine uses as may be published at any time in the Federal Register, including the routine uses for the FBI Fingerprint Identification Records System (Justice/FBI-009) and the FBI's Blanket Routine Uses (Justice/FBI-BRU). Routine uses include, but are not limited to, disclosures to: appropriate governmental authorities responsible for civil or criminal law enforcement, counterintelligence, national security or public safety matters to which the information may be relevant; to State and local governmental agencies and nongovernmental entities for application processing as authorized by Federal and State legislation, executive order, or regulation, including employment, security, licensing, and adoption checks; and as otherwise authorized by law, treaty, executive order, regulation, or other lawful authority. If other agencies are involved in processing this application, they may have additional routine uses.

Additional Information: The requesting agency and/or the agency conducting the application-investigation will provide you additional information pertinent to the specific circumstances of this application, which may include identification of other authorities, purposes, uses, and consequences of not providing requested information. In addition, any such agency in the Federal Executive Branch has also published notice in the Federal Register describing any system(s) of records in which that agency may also maintain your records, including the authorities, purposes, and routine uses for the system(s).

INSTRUCTIONS:

1. PRINTS MUST GENERALLY BE CHECKED THROUGH THE APPROPRIATE STATE IDENTIFICATION BUREAU, AND ONLY THOSE FINGERPRINTS FOR WHICH NO DISQUALIFYING RECORD HAS BEEN FOUND LOCALLY SHOULD BE SUBMITTED FOR FBI SEARCH.
 2. IDENTITY OF PRIVATE CONTRACTORS SHOULD BE SHOWN IN SPACE "EMPLOYER AND ADDRESS". THE CONTRIBUTOR IS THE NAME OF THE AGENCY SUBMITTING THE FINGERPRINT CARD TO THE FBI.
 3. FBI NUMBER, IF KNOWN, SHOULD ALWAYS BE FURNISHED IN THE APPROPRIATE SPACE.
- ** MISCELLANEOUS NO. - RECORD: OTHER ARMED FORCES NO. PASSPORT NO. [FP], ALIEN REGISTRATION NO. (AR), PORT SECURITY CARD NO. (PS), SELECTIVE SERVICE NO. (SS) VETERANS' ADMINISTRATION CLAIM NO. (VA).