

FINGERPRINT CARD INSTRUCTIONS FOR OCCUPATIONAL THERAPY APPLICATIONS

It is your responsibility to have your Fingerprint Card (FBI FD-258) completed by an authorized finger printer. Your local police or sheriff department generally has an authorized finger printer. They may charge you an additional fee for completing the card and taking your fingerprints. We recommend that you take these instructions with you to the finger printer.

Instructions for Applicants:

Please fill out blocks 1 –15 as shown on the sample card on the next page, using the Block Number Instructions listed below. All information must be typed or printed in **BLACK** ink. If your fingerprint card lacks any item, it cannot be processed. Check with the Fingerprint Technician if you have any questions. The technician will then take your fingerprints. Mail or deliver your completed card to the Board at 1740 West Adams Street, Suite 3407, Phoenix, AZ 85007. If you are completing an online application, the system will automatically add the \$22 fingerprint processing fee to your cart. If you are submitting a paper application, add the \$22 fingerprint card-processing fee to your total fees. **Do NOT fold or staple the fingerprint card.**

Block Number Instruction: (keep all writing within each block)

1. **Applicant's signature:** Sign your name.
2. **Residence of person fingerprinted:** Enter your home address. (**NO** P.O. Boxes)
3. **Date:** Enter the date of your fingerprints.
4. **Name:** Type or print last name, then first name and middle name. (No nicknames)
5. **Aliases:** Enter maiden name, nickname or other names you have been known by.
6. **Date of Birth:** Enter you birth date.
7. **Citizenship:** Enter US, Canada, Mexico or name of other country.
8. **Sex:** Enter your gender.
 M for Male
 F for Female
9. **Race:** Enter the code for your nationality.
 I for American Indian/ Alaskan Native
 A for Asian/ Pacific Islander
 B for Black
 W for White and Hispanic
10. **Height:** Enter feet and inches measurements (5'11") not 71 inches.
11. **Weight:** Enter whole numbers only, using U.S. pounds (examples 105, 110, etc.)
12. **Eye Color:** Enter the code for your eye color.
 BLK for black
 BLU for blue
 BRO for brown
 GRN for green
 GRY for gray
 HZL for hazel
 XXX for unknown
13. **Hair Color:** Enter the code for your hair color.
 BLD for bald
 BLK for black
 BLN for blonde
 BRO for brown
 GRY for gray
 RED for red/auburn
 WHT for white
14. **Place of Birth:** Enter only the State or Country, using abbreviations (AZ for Arizona, etc.)
15. **Social Security Number:** Enter your social security number.

SAMPLE ONLY. DO NOT SUBMIT

LEAVE BLANK		TYPE OR PRINT ALL INFORMATION IN BLACK										FBI	LEAVE BLANK
APPLICANT		LAST NAME <u>NAM</u>		FIRST NAME			MIDDLE NAME						
SIGNATURE OF PERSON FINGERPRINTED		ALIASES <u>AKA</u>		OR		4 AZDPS2000 DPS-AFIS OPERTNS PHOENIX, AZ					DATE OF BIRTH <u>DOB</u>		
1		5									Month <u>6</u> Day <u>6</u> Year <u>6</u>		
RESIDENCE OF PERSON FINGERPRINTED		CITIZENSHIP <u>CTZ</u>		SEX	RACE	HGT	WGT	EYES	HAIR	PLACE OF BIRTH <u>POB</u>			
2		7		8	9	10	11	12	13	14			
DATE	SIGNATURE OF OFFICIAL TAKING FINGERPRINTS			YOUR NO. <u>OCA</u>		LEAVE BLANK							
3	EMPLO AZ Board of O.T. Examiners 1740 W Adams St, Ste 3407 Phoenix, AZ 85007			FBI NO. <u>FBI</u> XX014415E									
EMPLO				ARMED FORCES NO. <u>MNU</u>		CLASS							
REASON FINGERPRINTED				SOCIAL SECURITY NO. <u>SOC</u>		REF.							
LICENSING PER ARS 32-3430		15		MISCELLANEOUS NO. <u>MNU</u>									
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					

Information will be entered in these boxes by Board staff.