

## FINGERPRINT FORM INSTRUCTIONS FOR OCCUPATIONAL THERAPY APPLICATIONS

It is your responsibility to have your Fingerprint Form (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 form 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 form on the next page, using the Block Number Instructions listed below. All information must be typed or printed in **BLACK** ink. If your fingerprint form 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 form 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 \$5 fingerprint processing fee to your cart. If you are submitting a paper application, add the \$5 fingerprint form-processing fee to your total fees. **Do NOT fold or staple the fingerprint form.**

**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

APPLICANT		LEAVE BLANK		TYPE OR PRINT ALL INFORMATION IN BLACK						FBI		LEAVE BLANK					
				LAST NAME <u>NAM</u>		FIRST NAME		MIDDLE NAME									
SIGNATURE OF PERSON FINGERPRINTED		ALIASES <u>AKA</u>		OR		4											
1		5		AZDPS2000		DPS-AFIS OPERTNS						DATE OF BIRTH <u>DOB</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		AZ Board of O.T. Examiners 1740 W Adams St, Ste 3407 Phoenix, AZ 85007		XX014415E													
EMPLOYER		REASON FINGERPRINTED		FBI NO. <u>FBI</u>		CLASS											
3		LICENSING PER ARS 32-3430		ARMED FORCES NO. <u>MNU</u>		REF.											
				SOCIAL SECURITY NO. <u>SOC</u>													
				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.