

## 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. Submit your completed card to the Board with your application and a **\$22 fingerprint card-processing fee (not included in your licensing fee)**. **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**

<b>APPLICANT</b>		LEAVE BLANK		TYPE OR PRINT ALL INFORMATION IN BLACK			LEAVE BLANK	
		LAST NAME	FIRST NAME	MIDDLE NAME	FBI		LEAVE BLANK	
SIGNATURE OF PERSON FINGERPRINTED		ALIASES <u>AKA</u>		O R I 4	AZDPS2000			
1		5			DPS-AFIS OPERTNS			
RESIDENCE OF PERSON FINGERPRINTED		CITIZENSHIP <u>CTZ</u>		SEX	RACE	HGT	WGT	DATE OF BIRTH <u>DOB</u>
2		7		8	9	10	11	Month Day Year
DATE	SIGNATURE OF OFFICIAL TAKING FINGERPRINTS		YOUR NO. <u>OCA</u>	EYES	HAIR	PLACE OF BIRTH <u>POB</u>		
3	AZ Board of O.T. Examiners 4205 N. 7th Avenue, Ste. 305 Phoenix, AZ 85013		XX014415E	12	13	14		
EMPLOYER AND ADDRESS		FBI NO. <u>FBI</u>		LEAVE BLANK				
REASON FINGERPRINTED		ARMED FORCES NO. <u>MNU</u>		CLASS _____				
LICENSING PER ARS 32-3430		SOCIAL SECURITY NO. <u>SOC</u>		REF. _____				
		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

SAMPLE

**SAMPLE ONLY. DO NOT SUBMIT**