

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

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