

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

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

SAMPLE

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 ONLY. DO NOT SUBMIT