

## GUIDE FOR COMPLETING YOUR FD-258 CARD

<b>APPLICANT</b> <small>* See Privacy Act Notice on Back</small>	LEAVE BLANK	TYPE OR PRINT ALL INFORMATION IN BLACK				FBI	LEAVE BLANK
		LAST NAME	FIRST NAME	MIDDLE NAME			
		1	Jones, Mary Smith				
11	2	ALIASES AKA Mary Ann Smith Mary Smith Doe		ORI	3		
9		RESIDENCE OF PERSON FINGERPRINTED 123 Any Street Anytown, MN 55555			4		DATE OF BIRTH Month Day Year 07/14/1988
10	5	6	CITIZENSHIP CTZ US	SEX F	RACE W	HGT. 502	WGT. 145
			YOUR NO. OCA	EYES BLU	HAIR BRO	7	PLACE OF BIRTH MN
			UNIVERSAL CONTROL NO. UCN	LEAVE BLANK			
			ARMED FORCES NO. MNU	CLASS _____			
	8		SOCIAL SECURITY NO. SOC 123-45-6789	REF. _____			
	13		MISCELLANEOUS NO. MNU				
			REASON FINGERPRINTED POR 214 075				

**\*\*Do not write on the card until you check with your fingerprinting location. Some places will enter the information into their computer and then print it on the card, others will want you to hand write the information.**

<b>1</b>	Name	Last, First, Middle
<b>2</b>	Aliases	Enter all former names/aliases. These should match the information provided on Forms 1, 2, and 3.
<b>3</b>	ORI number	The ORI number may be pre-printed on the card. If it is not, you should write the ORI number for the board you've applied to on the card. If your card contains the ORI for the facility where you were fingerprinted, draw a line through the printed ORI and write the correct one under it. If there isn't space to add the correct ORI in the ORI field, draw a line through OCA (just below the number 5 in this example), write ORI, then write the correct ORI number
<b>4</b>	Date of Birth	
<b>5</b>	Current country of citizenship	Write the country of citizenship, not residence. If you currently have citizenship in a different country, even if you are in the process of gaining US citizenship, you should enter the other country
<b>6</b>	Demographic information	See the demographic information provided below
<b>7</b>	Place of Birth	Enter the state where you were born (if born in the US) or the Country where you were born (if not born in the US)
<b>8</b>	Social Security Number	Enter an SSN if you have one. If you do not have one, leave this space blank
<b>9</b>	Residential address	Enter the street address (not P.O. Box) where you are currently residing
<b>10</b>	Date	Date you are fingerprinted
<b>11</b>	Your signature	Sign the card when instructed to do so by the person who takes your fingerprints
<b>12</b>	Signature of person who fingerprinted you	The person who takes your prints must also sign the card
<b>13</b>	Reason for being fingerprinted	Enter POR 214 075 in this field. This is the legislative authority for the board to request your background check

**DEMOGRAPHIC INFORMATION:**

<b>SEX</b>	Enter M if Male; Enter F if Female; Enter U if other
<b>RACE</b>	On the card, please enter one of the following: W, B, A, I, U. Please see the information provided below relating to special race classifications and instructions
<b>HGT</b>	Enter your height in feet and inches. For example, if your height is 5'04" enter 504.
<b>WGT</b>	Enter your weight in pounds
<b>EYES</b>	Enter the three-letter code for your eye color (see table below)
<b>HAIR</b>	Enter the three-letter code for your hair color (see table below)

**Race categories**

The fingerprinting software requires a selection of race in order to process your fingerprints. You should enter a W, B, A, I, or U on the card. If there is a sub-category shown below for your race, please at a post-it note or otherwise indicated the sub-category as we can't enter the race without it.

White	Caucasian; Central or South America; Cuban; Mexican; Other Spanish Culture/Origin; Puerto Rican
Black	There are no sub-category in the category
Asian	Chinese; Japanese; Filipino; Korean; Polynesian; Indian; Indonesian; Asian Indian; Samoan; Other Pacific Islander
Indian	American Indian; Eskimo; Alaskan Native; Native Person w/tribal affiliation
Undeterminable	Use this if you do not identify as Black or as any of the sub-categories provided

**Eye and Hair Color**

Use the three-letter codes shown below for Eye and Hair color

<b>EYES</b>		<b>HAIR</b>	
BLK	Black	BAL	Bald
BLU	Blue	BLK	Black
BRO	Brown	BLN	Blonde
GRN	Green	BLU	Blue
GRY	Gray	BRO	Brown
HAZ	Hazel	GRN	Green
MAR	Maroon	GRY	Gray
MUL	Multicolored	ONG	Orange
PNK	Pink	PLE	Purple
		PNK	Pink
		RED	Red or strawberry
		SDY	Sandy
		WHI	White

**Board ORI Numbers**

<b>BOARD</b>	<b>ORI</b>
Board of Nursing	MN920147Z
Board of Medical Practice	MN920158Z
Board of Social Work	MN920159Z
Board of Dentistry	MN920143Z
Board of Pharmacy	MN920160Z
Board of Behavioral Health & Therapy	MN920157Z
Board of Physical Therapy	MN920146Z
Board of Examiners of Nursing Home Administrators	MN920153Z
Board of Chiropractic Examiners	MN920150Z
Board of Occupational Therapy	MN920162Z
Board of Marriage and Family Therapy	MN920152Z
Board of Dietetics and Nutrition Practice	MN920151Z
Board of Psychology	MN920145Z
Board of Optometry	MN920154Z
Board of Podiatric Medicine	MN920162Z
Board of Veterinary Medicine	MN920144Z

**\*\*PLEASE NOTE: ONLY AN FD-258 CARD WITH THE FULL PRIVACY ACT STATEMENT ON THE BACK OF THE CARD WILL BE ACCEPTED.**