MINNESOTA
HEALTH PROFESSIONALS
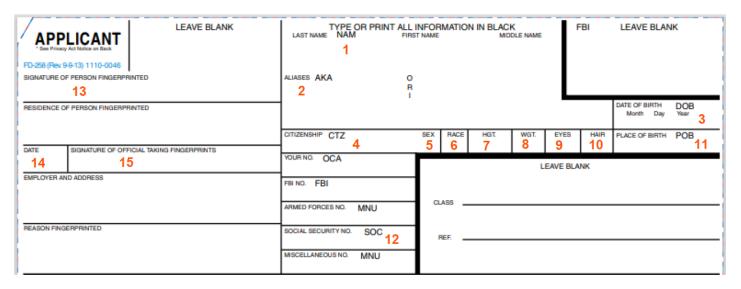REGULATORY BOARDS

Criminal Background Check Program
335 Randolph Ave, Suite 180
St. Paul, MN 55102

GUIDE FOR COMPLETING YOUR FD-258 CARD

Important

- **Do not write on or sign the card until you check with your fingerprinting service location.** Some places will enter the information into their computer and then print it on the card.
- Note that the card requires the fingerprints to be taken in black ink or through LiveScan (digital). Digital prints MUST be printed onto card; we do not accept electronic submissions.
- The Criminal Background Check Program does NOT provide fingerprinting services.

Instructions for Required Fields

The Criminal Background Check Program requires certain fields to be completed on the FD-258 Card for applicants. These required fields are described in the following table. Each required field is referenced by number to the card illustration above. The remaining fields are optional or are specifically indicated to be left blank.

*You do not need to enter the ORI or Reason Fingerprinted. Our office will code these correctly for you.

Reference Number	Field Name	Instructions
1	NAM (name)	Enter in order last name, first name, middle name.
2	AKA (aliases)	Enter all former names and aliases. Leave blank if you have no aliases.
3	DOB (date of birth)	Enter date of birth by month, day, year in the format MM/DD/YYYY.
4	CTZ (citizenship)	Enter *current* country of citizenship, not residence. Even if you are in the process of gaining United States citizenship, you should enter your current country of citizenship.
5	SEX	Enter M for male, enter F for female, enter U for other.
6	RACE	Enter W, B, A, I or U. See the Race Classifications section below for descriptions.
7	HGT (height)	Enter your height in feet and inches in a 3-digit format. For example, if your height is 5 feet and 4 inches, enter 504.
8	WGT (weight)	Enter your weight in pounds.
9	EYES	Enter the 3-letter code for your eye color as detailed in the Eye Color table below.
10	HAIR	Enter the 3-letter code for your hair color as detailed in the Hair Color table below.

Reference Number	Field Name	Instructions
11	POB (place of birth)	If you were born in the United States, enter the state or territory of birth. If you were not born in the United States, enter the country of birth.
12	SOC (Social Security Number)	Enter your Social Security Number if you have one. If you do not have one, leave this space blank.
13	SIGNATURE OF PERSON FINGERPRINTED	Sign your name **ONLY** when instructed to do so by the person who takes your fingerprints.
14	DATE	Enter the date your fingerprints were taken by month, day, year in the format MM/DD/YYYY.
15	SIGNATURE OF OFFICIAL TAKING FINGERPRINTS	The person who takes your prints must also sign the card.

Race Classifications

The fingerprinting software requires a selection of race in order to process your fingerprints.

Letter	Classification
W	White/Caucasian
B	Black/African
A	Asian/Pacific Islander
I	Native American, Inuit, Alaskan Native
U	Unknown (*use this if you do not identify as any of the other categories*)

Eye and Hair Color

Use the 3-letter codes provided in the tables below.

Eye Code	Eye Color
BLK	Black
BLU	Blue
BRO	Brown
GRN	Green
GRY	Gray
HAZ	Hazel
MAR	Maroon
MUL	Multicolored
PNK	Pink

Hair Code	Hair Color or Description
BAL	Bald
BLK	Black
BLN	Blonde
BLU	Blue
BRO	Brown
GRN	Green
GRY	Gray
ONG	Orange
PLE	Purple
PNK	Pink
RED	Red or strawberry
SDY	Sandy
WHI	White