

FINGERPRINT HARD CARD TEMPLATE

Highlighted areas must be completed.

Areas in red are DOI specific codes.

The reason code must correspond with the application type.

Must include payment for \$39.00.
Cashier's check/money order payable to
"Department of Public Safety"
or the DPS credit card authorization form.

APPLICANT * See Privacy Act Notice on Back		LEAVE BLANK	TYPE OR PRINT ALL INFORMATION IN BLACK				FBI		LEAVE BLANK	
			LAST NAME	NAM	FIRST NAME	MIDDLE NAME				
FD-258 (Rev. 5-15-17) 1110-0046			Doe, Johnathan Mark, Jr							
SIGNATURE OF PERSON FINGERPRINTED Johnathan M. Doe, Jr			ALIASES AKA		O R I	NV920190Z				
RESIDENCE OF PERSON FINGERPRINTED 12345 N Anguere ST Bellevue, WA 98008			CITIZENSHIP CTZ US		SEX M	RACE W	HGT. 509	WGT. 165	EYES BRN	HAIR GRY
DATE		SIGNATURE OF OFFICIAL TAKING FINGERPRINTS	YOUR NO. OCA		ST. INSURANCE COMMISSIONER CARSON CITY NV		DATE OF BIRTH Month Day Year 01 01 1979		DOB	
EMPLOYER AND ADDRESS Employer Name 9876 SE Smechere Pl. Seattle, WA 98112			UNIVERSAL CONTROL NO. UCN		PLACE OF BIRTH WA		POB			
REASON FINGERPRINTED *SEE DIVISION NRS REASON LIST			SOCIAL SECURITY NO. SOC 000 00 0000		CLASS		REF.			
			MISCELLANEOUS NO. MNU 880141		LEAVE BLANK					
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		
LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY		L. THUMB		R. THUMB		RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY				