

**Please make sure to fill out all of the following fields apart from fields 6 and 17. If you fail to do so we cannot submit to the DOJ.**

1. Signature of Applicant
2. Residence of Applicant
3. Date from the office taking fingerprint
4. Signature from the office taking fingerprint
5. Employer Name and Address
6. For use by office (Do not fill in)
7. Last, First, Middle Name of Applicant
8. Alias AKA of applicant
9. Your No. OCA- *the COR for the PUC does not have an OCA # leave blank*
10. Social Security Number
11. Sex
12. Height
13. Weight
14. Eye Color
15. Hair Color
16. Date of Birth
17. For use by office (Do not fill in)

**INSTRUCTIONS FOR COMPLETING FINGERPRINT CARD (FD-258)  
NUMBERED INSTRUCTIONS BELOW CORRESPOND TO NUMBERS IN THE FP CARD BELOW**

<b>APPLICANT</b>		LEAVE BLANK		LAST NAME <b>#7</b>		TYPE OR PRINT ALL INFORMATION IN BLACK FIRST NAME MIDDLE NAME		FBI LEAVE BLANK	
SIGNATURE OF PERSON FINGERPRINTED <b>#1</b>		ALIASES_AKA <b>#8</b>		CA 0349400		BU OF ID & INFO		DATE OF BIRTH DOB MONTH DAY YEAR <b>#16</b>	
RESIDENCE OF PERSON FINGERPRINTED <b>#2</b>		CITIZENSHIP CYZ		SEX <b>#11</b>		RACE	HGT <b>#12</b>	WGT <b>#13</b>	EYES <b>#14</b>
FP/DATE <b>#3</b>	SIGNATURE OF OFFICIAL TAKING FINGERPRINTS <b>#4</b>		YOUR NO. OCA <b>#9</b>		CLASS <b>#17</b>		HAIR <b>#15</b>		
EMPLOYER AND ADDRESS <b>#5</b>		FBI NO. FBI		ARMED FORCES NO. MNU		REF <b>BIL -</b>		PLACE OF BIRTH POB	
REASON FINGERPRINTED <b>#6</b> App Type: App Title: Mail Code:		SOCIAL SECURITY NO. SOC <b>#10</b>		MISCELLANEOUS NO. MNU					
1. R. THUMB		2. R. INDEX		3. R. MIDDLE		4. R. RING		5. R. LITTLE	
6. L. THUMB		7. L. INDEX		3. L. MIDDLE		9. L. RING		10. L. LITTLE	
LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY				L. THUMB	R. THUMB	RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY			

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| <p><b>1</b> Applicant's signature</p> <p><b>2</b> Enter applicant's home address</p> <p><b>3</b> Date: Enter the date the fingerprints were taken</p> <p><b>4</b> Signature and certification number of Official Taking Fingerprints.</p> <p><b>5</b> Employer and Address: Enter the complete name and address and ORI Number of the authorized agency. For transactions with a secondary/ extra agency, the complete name and address of both agencies must be entered. Agencies currently not assigned a "UNIQUE" ORI number must contact the DOJ at Appagencyquestions@doj.ca.gov immediately to request a unique ORI assignment.</p> <p><b>6</b> Reason Fingerprinted: Enter the "APPLICANT TYPE" and "APPLICANT TITLE" (The applicant title is MANDATORY when requesting FBI level of service). The applicant type must be one for which the submitting agency is authorized. If unsure of what applicant types may be submitted for your agency, please e-mail "ORIquestions@doj.ca.gov" for assistance.</p> <p><b>7</b> Enter applicant's FULL NAME (Last, First, Middle)</p> <p><b>8</b> Enter any aliases (including maiden name) that the applicant is known by.</p> | <p><b>9</b> OCA: This box is for the submitting agency to show any numbers/characters assigned to this applicant/transaction. For some agencies, an OCA is mandatory. If you are unsure if the OCA is mandatory, contact your licensing agency.</p> <p><b>10</b> SOC: Enter the applicant's social security number.</p> <p><b>11</b> SEX: Enter applicant's gender</p> <p><b>12</b> HGT: Enter applicant's height (feet/inches)</p> <p><b>13</b> WGT: Enter applicant's weight</p> <p><b>14</b> EYE: Enter applicant's eye color</p> <p><b>15</b> HAIR: Enter applicant's hair color</p> <p><b>16</b> DOB: Enter date, month and year of birth</p> <p><b>17</b> CLASS: Use this space to show the OATI number if the fingerprints are reprints from a previously rejected transaction. This number must be recorded in the class line area of the fingerprint card.<br/>REF: Use this space to show the submitting agency's billing number.</p> |
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MANDATORY  
 OPTIONAL  
 MANDATORY IF USING YOUR OWN BILLING NUMBER