

APPLICANT

LEAVE BLANK

TYPE OR PRINT ALL INFORMATION IN BLACK

FBI

LEAVE BLANK

LAST NAME NAM FIRST NAME MIDDLE NAME

[Redacted]

SIGNATURE OF PERSON FINGERPRINTED
[Redacted]

ALIASES AKA
[Redacted]

O
R
I

**AKAST0100
DPS-STATE TROOPERS
ANCHORAGE, AK**

DATE OF BIRTH DOB
Month Day Year

RESIDENCE OF PERSON FINGERPRINTED
[Redacted]

CITIZENSHIP CTZ

SEX RACE HGT WGT EYES HAIR

PLACE OF BIRTH POB

DATE

SIGNATURE OF OFFICIAL TAKING FINGERPRINTS
[Redacted]

YOUR NO. OCA

EMPLOYER AND ADDRESS
[Redacted]

FBI NO. FBI

ARMED FORCES NO. MNU

LEAVE BLANK
CLASS _____
REF. _____

REASON FINGERPRINTED
[Redacted]

SOCIAL SECURITY NO. SOC

MISCELLANEOUS NO. MNU

The shaded fields above indicate required information for processing of fingerprints.
****PLEASE NOTE****
This document is an *example only*. DO NOT USE this document for submission of fingerprints. You must use an *actual* FD-258 form, available upon request from Teacher Certification or any fingerprinting agency that can supply the correct card.

1. R. THUMB

2. R. INDEX

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