

## FINGERPRINT CARD INSTRUCTIONS

The applicant's fingerprints will be used to check the criminal history records of the FBI. The procedures for obtaining a change, correction, or updating of your criminal history record are set forth in Title 28, Code of Federal Regulations (CFR), Section 16.34.

Keep the information entered within the blocks provided. The FBI has indicated that their card scanners cannot pick up the required information if it overlaps the blue border of the block.

*The following blocks on the fingerprint card must be completed: (type or print all information in black ink)*

- **SIGNATURE OF APPLICANT** (Self explanatory)
- **RESIDENCE** (*Applicants street address including city, state and zip*) **NO P.O. BOX**
- **DATE** (MM DD YYYY; April 14, 2016 would be 04 14 2016)
- **SIGNATURE OF PERSON TAKING PRINTS** (Self explanatory)
- **NAME** (*Last, First, Middle; include complete middle name*)
- **ALIASES (AKA)** (*including maiden names or previous names*)
- **CITIZENSHIP** (*country of which you are a citizen, for example U.S. for United States*)
- **SSN #** (*Social Security Number*)
- **SEX** (Single letter, M for male, F for female)
- **RACE** (*W for White or Hispanic, B for Black, A for Asian, I for American Indian*)
- **HGT** (Use three numbers; 6 feet 2 inches is 602; 5 feet 10 inches is 510).
- **WGT** (Use three numbers; 210 pounds is 210; 145 pounds is 145)
- **EYES** (Use three letters; BLU for Blue; BRO for Brown; HAZ for Hazel; GRN for Green; GRY for Gray; BLK for Black)
- **HAIR** (*BLK for Black, BLN for Blond, BRO for Brown, GRY for Gray, RED for Red, WHT for White , XXX for Bald*)
- **DOB** (*date of birth*) MMDDYYYY; January 4, 1980 would be 01041980
- **POB** (*place of birth; State, if within U.S., otherwise Country*)

<b>APPLICANT</b>	LEAVE BLANK <b>Leave Blank</b>	TYPE OR PRINT ALL INFORMATION IN BLACK <b>Public, John, Que</b>	FBI	LEAVE BLANK <b>Leave Blank</b>
SIGNATURE OF PERSON FINGERPRINTED	SIGNATURE OF OFFICIAL TAKING FINGERPRINTS	ALIASES AKA <b>Aliases or Previous Names</b>	SEX <b>M</b>	DATE OF BIRTH DOB <b>01011980</b>
RESIDENCE OF PERSON FINGERPRINTED <b>1234 Your Address City, State, Zip</b>	DATE <b>04 14 2016</b>	CITIZENSHIP <b>Citizenship Here</b>	RACE <b>W 195 601 BRO BLK</b>	PLACE OF BIRTH POB <b>Arizona</b>
EMPLOYER AND ADDRESS <b>Leave Blank</b>	REASON FINGERPRINTED <b>Leave Blank</b>	SOCIAL SECURITY NO. SSN <b>SSN Number Here</b>	LEAVE BLANK <b>Leave Blank</b>	
		CLASS	<b>Leave Blank</b>	
		REF	<b>Leave Blank</b>	
		FEDERAL AGENCY NO.		