

INSTRUCTIONS FOR COMPLETING FINGERPRINT CARD ([FD-258](#))

- Fill out Fields 1-5 and 7-16
- Leave Fields 6 and 17 blank. DO NOT FILL OUT.
- Please Note: Fingerprint cards that are not filled out correctly will be rejected by the DOJ and you will be required to complete a new one.

Field 1: Signature of Applicant

Field 2: Residence of Applicant

Field 3: Date from the office taking fingerprint

Field 4: Signature from the office taking fingerprint

Field 5: Employer Name and Address

Field 6: **For use by office** (Leave this field blank, do not fill in)

Field 7: Last, First, Middle Name of Applicant

Field 8: Alias AKA of applicant

Field 9: Your No. OCA- *the COR for the PUC does not have an OCA # leave blank*

Field 10: Social Security Number

Field 11: Sex

Field 12: Height

Field 13: Weight

Field 14: Eye Color

Field 15: Hair Color

Field 16: Date of Birth

Field 17: **For use by office** (Leave this field blank, do not fill in)

INSTRUCTIONS FOR COMPLETING FINGERPRINT CARD (FD-258)

APPLICANT		LEAVE BLANK	TYPE OR PRINT ALL INFORMATION IN BLACK					FBI	LEAVE BLANK									
		LAST NAME	FIRST NAME		MIDDLE NAME													
SIGNATURE OF PERSON FINGERPRINTED		ALIASES, AKA		CA 0349400														
RESIDENCE OF PERSON FINGERPRINTED		#8		BU OF ID & INFO SACRAMENTO, CA					DATE OF BIRTH DOB MONTH DAY YEAR									
#2									#16									
FP/DATE	SIGNATURE OF OFFICIAL TAKING FINGERPRINTS		CITIZENSHIP CYZ		SEX	RACE	HGT	WGT	EYES	HAIR	PLACE OF BIRTH POB							
#3	#4				#11		#12	#13	#14	#15								
EMPLOYER AND ADDRESS			YOUR NO. OCA		CLASS													
#5			#9									#17						
			FBI NO. FBI									REF						
REASON FINGERPRINTED			SOCIAL SECURITY NO. SOC		BIL -													
#6 App Type: App Title: Mail Code:			#10									MISCELLANEOUS NO. MNU						
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												

NUMBERED INSTRUCTIONS BELOW CORRESPOND TO NUMBERS IN THE FP CARD BELOW

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| <ol style="list-style-type: none"> 1. Applicant's signature 2. Applicant's home address 3. Date fingerprints were taken MM/DD/YY 4. Signature and certification number of Official Taking Fingerprints. 5. 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 (Appagencyquestions@doj.ca.gov) immediately to request a unique ORI assignment. 6. 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 "ORlquestions@doJ.ca.gov" for assistance. 7. Enter Applicant's FULL NAME (Last, First, Middle) 8. Enter any aliases (including maiden name) that the applicant is known by | <ol style="list-style-type: none"> 9. 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. 10. SOC: Enter the applicant's social security number. 11. Enter applicant's gender 12. HGT: Enter applicant's height (feet/inches) 13. WGT: Enter applicant's weight 14. EYE: Enter applicant's eye color. 15. HAIR: Enter applicant's hair color 16. DOB: Enter date, month, and year of birth 17. 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.
REF: Use this space to show the submitting agency's billing number. |
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****To request copies of this card and for all other questions regarding ESP Registration, please contact the ESP Desk at esp_registration@cpuc.ca.gov****