

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

ALIASES AKA

O
R
I
ND920170Z
ND Board of Medicine
Bismarck, ND

DATE OF BIRTH DOB
Month Day Year

CITIZENSHIP CTZ SEX RACE HGT. WGT. EYES HAIR PLACE OF BIRTH POB

YOUR NO. OCA

LEAVE BLANK

FBI NO. FBI

CLASS _____

ARMED FORCES NO. MNU

REF. _____

SOCIAL SECURITY NO. SOC

MISCELLANEOUS NO. MNU

FD-258 (Rev. 9-9-13) 1110-0046

SIGNATURE OF PERSON FINGERPRINTED

RESIDENCE OF PERSON FINGERPRINTED

DATE SIGNATURE OF OFFICIAL TAKING FINGERPRINTS

EMPLOYER AND ADDRESS

REASON FINGERPRINTED

NDCC 12-60-24 (2), 43-17-07.1 (4)
PL 92-544
License in ND _____

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

