

APPLICANT
*See Privacy Act Notice on Back

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TYPE OR PRINT ALL INFORMATION IN BLACK

FBI

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LAST NAME **DOE** FIRST NAME **JOHN** MIDDLE NAME **JAY**

FD-258 (REV.3-1-10) 1110-0046

SIGNATURE OF PERSON FINGERPRINTED
John J. Doe

ALIASES AKA

NCBCI0000
ST BUR OF INVEST
RALEIGH, NC

RESIDENCE OF PERSON FINGERPRINTED
123 PINE ROAD
PINEVILLE, NC 24880

CITIZENSHIP CTZ **US**

SEX **M** RACE **W** HGT **602** WGT **210** EYES **BRO** HAIR **BRN** PLACE OF BIRTH **OHIO** POB

DATE **11/01/16** SIGNATURE OF OFFICIAL TAKING FINGERPRINTS
[Signature]

YOUR NO. **BOPSY0000**

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EMPLOYER AND ADDRESS
NC Psychology Board, 895 State Farm Rd.
Boone NC 28607

FBI NO. **FBI**

CLASS _____

REASON FINGERPRINTED
Psychology license applicants, state and federal check. NCGS 114-19-18

ARMED FORCES NO. **MNU**

REF. _____

SOCIAL SECURITY NO. **SOC**
XXX-XX-XXXX

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