

APPLICANT

* See Privacy Act Notice on Back

LEAVE BLANK

TYPE OR PRINT ALL INFORMATION IN BLACK
LAST NAME **NAM** FIRST NAME MIDDLE NAME

FBI LEAVE BLANK

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

SIGNATURE OF PERSON FINGERPRINTED

ALIASES AKA

OR I

**DC000000Z
CTIS-WV-DO-REQ
CLARKSBURG, WV**

RESIDENCE OF PERSON FINGERPRINTED

DATE OF BIRTH **DOB**
Month Day Year

CITIZENSHIP **CTZ**

SEX RACE HGT. WGT. EYES HAIR PLACE OF BIRTH **POB**

DATE SIGNATURE OF OFFICIAL TAKING FINGERPRINTS

YOUR NO. **OCA**

LEAVE BLANK

EMPLOYER AND ADDRESS

FBI NO. **FBI**

CLASS _____

ARMED FORCES NO. **MNU**

REF. _____

REASON FINGERPRINTED

SOCIAL SECURITY NO. **SOC**

MISCELLANEOUS NO. **MNU**

