

**APPLICANT**

\* See Privacy Act Notice on Back

FD-258 (Rev. 11-1-20) 1110-0046

LEAVE BLANK

TYPE OR PRINT ALL INFORMATION IN BLACK

FBI

LEAVE BLANK

LAST NAME NAM FIRST NAME MIDDLE NAME

SIGNATURE OF PERSON FINGERPRINTED

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R  
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IADC10000  
DIV CRIM INV-B OF I  
DES MOINES, IA

DATE OF BIRTH DOB  
Month Day Year

RESIDENCE OF PERSON FINGERPRINTED

CITIZENSHIP CTZ

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

DATE

SIGNATURE OF OFFICIAL TAKING FINGERPRINTS

YOUR NO. OCA  
DC 135

LEAVE BLANK

EMPLOYER AND ADDRESS

COLLEGE COMMUNITY  
EARLY CHILDHOOD CENTER  
401 76TH AVE SW  
CEDAR RAPIDS IA 52404

UNIVERSAL CONTROL NO. UCN

CLASS

REASON FINGERPRINTED

NCPA/VCA-employee

ARMED FORCES NO. MNU

REF.

SOCIAL SECURITY NO. SOC

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