

I Instructions for completing FINGERPRINT CARD
Please call your local state agency for Appointment, and Fingerprint card inquiries
NO LIVE SCAN

DO NOT BEND OR FOLD CARD
Type or print all information in **BLACK Ink**

COMPLETE ALL OF THE FOLLOWING BLOCKS ON THE FINGERPRINT CARD AS INDICATED:

1. **SIGNATURE OF PERSON BEING FINGERPRINTED.** A legible signature of the person being fingerprinted must appear in this space.
2. **RESIDENCE OF PERSON BEING FINGERPRINTED.** Complete number, street, state, and ZIP code
3. **LAST NAME (NAM) – FIRST NAME – MIDDLE NAME.** PRINT your last name, first name, and middle name in the appropriate boxes.
4. **ALIASES (AKA) –** List any and all alias names or nicknames, maiden name, or other married name if applicable
5. **CITIZENSHIP (CTZ) –** Indicate American Citizenship (**US**) or other nationality
6. **SEX –** Indicate **M** (Male) or **F** (Female)
7. **RACE –** Indicate **W** (White), **B** (Black), **H** (Hispanic), **I** (American Indian or Alaskan Native), **A** (Asian or Pacific Islander) or **O** (Other)
8. **HEIGHT –** Indicate height in feet and inches, using all numerals, for example 6' 1" = 601
9. **WEIGHT –** Indicate weight in pounds, using all numerals, for example 135 pounds = 135

10. **EYE-** List eye color

Black – BLK	Blue – BLU	Brown – BRO
Gray – GRY	Green – GRN	Hazel -- HAZ

11. **HAIR –** List hair color:

Black – BLK	Blond or Strawberry Blond – BLN
Brown – BRO	Gray or Partially – GRY
Sandy – SDY	Red or Auburn – RED
Bald (if hairless or lost most of hair) – BAL	

12. **DATE OF BIRTH –** Indicate Month / Day / Year
13. **PLACE OF BIRTH –** Indicate the city and state where you were born. Abbreviate the state name
14. **DATE –** the law enforcement official taking the fingerprints will indicate the date he/she takes the prints
15. **SIGNATURE OF OFFICIAL TAKING FINGERPRINTS.** The law enforcement official that performs the fingerprinting will sign his/her name
16. **EMPLOYER AND ADDRESS –** Print the name of the company where you are/will be employed, and include the street address, city, state, and Zip Code. (OPTIONAL)
17. **SOCIAL SECURITY NUMBER –** Indicate your social security number
18. **LICENSE -** Indicate **VET** (Veterinarian) **CVT** (Certified Veterinary Technician) **CET** (Certified Euthanasia Technician)

There must be a legible fingerprint impression in each box. **DO NOT BEND OR**

FOLD CARD No Live Scan Mail to : THE IDAHO BOARD OF VET MED

P.O. Box 83720 Boise, ID 83720-0063

APPLICANT		3		FBI		LEAVE BLANK	
1		4		LAST NAME NAM		FIRST NAME MIDDLE NAME	
2		5		ALIASES AKA		ID920271Z BD VET MED	
14		15		6		7	
16		17		8		9	
18		VET CVT		10		11	
12		13		CITIZENSHIP CTZ		SEX	
14		15		RACE		HGT	
16		17		WGT		EYES	
18		VET CVT		HAIR		PLACE OF BIRTH POS	
12		13		YOUR NO. OCA		LEAVE BLANK	
14		15		FBI NO. FBI		CLASS	
16		17		ARMED FORCES NO. MNU		REF.	
18		VET CVT		SOCIAL SECURITY NO. SOC			
12		13		MISCELLANEOUS NO. MNU			
14		15		IDAHO CODE § 54-2108			



Idaho State Police

Bureau of Criminal Identification



NONCRIMINAL JUSTICE APPLICANT PRIVACY STATEMENT

As an applicant who is the subject of a national fingerprint-based criminal history record check for a non-criminal justice purpose you have certain rights which are discussed below.

This serves as notification from **Board of Veterinary Medicine** that your fingerprints will be used to check the criminal history records of the State of Idaho and the FBI and that those records will be used solely for the purpose requested and may not be disseminated outside the receiving department, related agency or other authorized entity. The collection of applicant fingerprints in Idaho is authorized by Idaho Code §67-3008.

If you have a criminal history record, the officials making a determination of your suitability for the job, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.

Procedures for obtaining a change, correction, or updating of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.

If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record, or decline to do so, before being denied the job, license, or other benefit based on information in the criminal history record.

Disclosure of your Social Security number is voluntary and is solicited pursuant to the Federal Privacy Act and Idaho Code §67-3012 to aid the processing of an interstate background check request for noncriminal justice purposes allowed by federal statute, federal executive order or a state statute that has been approved by the attorney general.

The fingerprints and information reported from this request may be disclosed pursuant to your consent, and may also be disclosed by the FBI without your consent as permitted by the Federal Privacy Act of 1974 (5 USC 552a(h)). Routine uses include, but are not limited to, disclosures to appropriate governmental authorities responsible for civil or criminal law enforcement, counterintelligence, national security or public safety matters to which the information may be relevant; to State and local governmental agencies and nongovernmental entities or application processing as authorized by Federal and State legislation, executive order, or regulation, including employment, security, licensing, and adoption checks. Depending on the nature of your application, other authorities may include numerous Federal or State statutes pursuant to Public Law 92-544 or other authorized authorities.

According to Idaho state law and if agency policy permits, you may be provided a copy of your FBI criminal history record for review and possible challenge upon submission of a written request. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <https://www.fbi.gov/services/cjis/identity-history-summary-checks>.

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI at the same website address as provided above. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30-16.34)

If a change, correction or update needs to be made to an Idaho criminal history record, that process information is available on the Idaho State Police website <https://isp.idaho.gov/bci/criminal-history/>.

APPLICANT <small>* See Privacy Act Notice on Back</small>		LEAVE BLANK		TYPE OR PRINT ALL INFORMATION IN BLACK LAST NAME NAM FIRST NAME MIDDLE NAME				FBI		LEAVE BLANK									
FD-258 (Rev. 5-15-17) 1110-0046				SIGNATURE OF PERSON FINGERPRINTED				ALIASES AKA		O R I ID920271Z BD VET MED BOISE. ID		DATE OF BIRTH DOB Month Day Year							
RESIDENCE OF PERSON FINGERPRINTED																			
CITIZENSHIP CTZ				SEX		RACE		HGT.		WGT.		EYES		HAIR		PLACE OF BIRTH POB			
YOUR NO. OCA				UNIVERSAL CONTROL NO. UCN		LEAVE BLANK													
ARMED FORCES NO. MNU																			
SOCIAL SECURITY NO. SOC																			
REASON FINGERPRINTED				MISCELLANEOUS NO. MNU		CLASS _____													
IDaho CODE § 54-2103						REF. _____													
<div>1. R. THUMB</div>										<div>2. R. INDEX</div>									
<div>3. R. MIDDLE</div>										<div>4. R. RING</div>									
<div>5. R. LITTLE</div>																			
<div>6. L. THUMB</div>										<div>7. L. INDEX</div>									
<div>8. L. MIDDLE</div>										<div>9. L. RING</div>									
<div>10. L. LITTLE</div>																			
LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY										L. THUMB		R. THUMB		RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY					

FEDERAL BUREAU OF INVESTIGATION
UNITED STATES DEPARTMENT OF JUSTICE

1110-0046

CJIS DIVISION/CLARKSBURG, WV 26306

APPLICANT

1. LOOP



CENTER
OF LOOP

DELTA

THE LINES BETWEEN CENTER OF
LOOP AND DELTA MUST SHOW

2. WHORL



DELTA

THESE LINES RUNNING BETWEEN
DELTAS MUST BE CLEAR

3. ARCH



ARCHES HAVE NO DELTAS

THIS CARD FOR USE BY:

1. LAW ENFORCEMENT AGENCIES IN FINGERPRINTING APPLICANTS FOR LAW ENFORCEMENT POSITIONS.*
2. OFFICIALS OF STATE AND LOCAL GOVERNMENTS FOR PURPOSES OF EMPLOYMENT, LICENSING, AND PERMITS, AS AUTHORIZED BY STATE STATUTES AND APPROVED BY THE ATTORNEY GENERAL OF THE UNITED STATES. LOCAL AND COUNTY ORDINANCES, UNLESS SPECIFICALLY BASED ON APPLICABLE STATE STATUTES DO NOT SATISFY THIS REQUIREMENT.*
3. U.S. GOVERNMENT AGENCIES AND OTHER ENTITIES REQUIRED BY FEDERAL LAW.**
4. OFFICIALS OF FEDERALLY CHARTERED OR INSURED BANKING INSTITUTIONS TO PROMOTE OR MAINTAIN THE SECURITY OF THOSE INSTITUTIONS.

Please review this helpful information to aid in the successful processing of hard copy civil fingerprint submissions in order to prevent delays or rejections. Hard copy fingerprint submissions must meet specific criteria for processing by the Federal Bureau of Investigation.

Ensure all information is typed or legibly printed using blue or black ink.

Enter data within the boundaries of the designated field or block.

Complete all required fields. (If a required field is left blank, the fingerprint card may be immediately rejected without further processing.)

- * The required fields for hard copy civil fingerprint cards are: ORI, Date of Birth, Place of Birth, NAM, Sex, Date fingerprinted, Reason Fingerprinted, and proper completion of fingerprint impression boxes.

Do not use highlighters on fingerprint cards.

Do not enter data or labels within 'Leave Blank' areas.

Ensure fingerprint impressions are rolled completely from nail to nail.

Ensure fingerprint impressions are in the correct sequence.

Ensure notations are made for any missing fingerprint impression (i.e. amputation).

Do not use more than two retabs per fingerprint impression block.

Ensure no stray marks are within the fingerprint impression blocks.

Training aids can be ordered online via the Internet by accessing the FBI's website at: fbi.gov, click on 'Fingerprints', then click on

'Ordering Fingerprint Cards & Training Aids'. Direct questions to the Biometric Services Section's Customer Service Group at (304) 625-5590 or by e-mail at identity@fbi.gov.

Social Security Account Number (SSAN): Pursuant to the Privacy Act of 1974, any Federal, state, or local government agency that requests an individual to disclose his or her SSAN, is responsible for informing the person whether disclosure is mandatory or voluntary, by what statutory or other authority the SSAN is solicited, and what uses will be made of it. In this instance, the SSAN is solicited pursuant to 28 U.S.C. 534 and will be used as a unique identifier to confirm your identity because many people have the same name and date of birth. Disclosure of your SSAN is voluntary; however, failure to disclose your SSAN may affect completion or approval of your application.

PRIVACY ACT STATEMENT

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub.L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprints repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

PAPERWORK REDUCTION ACT NOTICE

According to the Paperwork Reduction Act of 1995, no persons are required to provide the information requested unless a valid OMB control number is displayed. The valid OMB control number for this information collected is 1110-0046. The time required to complete this information collected is estimated to be 10 minutes, including time reviewing instructions, gathering, completing, reviewing and submitting the information collection. If you have any comments concerning the accuracy of this time estimate or suggestions for reducing this burden, please send to: Department Clearance Officer, United States Department of Justice, Justice Management Division, Policy and Planning Staff, Washington, DC 20530.

INSTRUCTIONS:

- * 1. PRINTS MUST GENERALLY BE CHECKED THROUGH THE APPROPRIATE STATE IDENTIFICATION BUREAU, AND ONLY THOSE FINGERPRINTS FOR WHICH NO DISQUALIFYING RECORD HAS BEEN FOUND LOCALLY SHOULD BE SUBMITTED FOR FBI SEARCH.
2. IDENTITY OF PRIVATE CONTRACTORS SHOULD BE SHOWN IN SPACE "EMPLOYER AND ADDRESS". THE CONTRIBUTOR IS THE NAME OF THE AGENCY SUBMITTING THE FINGERPRINT CARD TO THE FBI. UNIVERSAL CONTROL NUMBER, IF KNOWN, SHOULD ALWAYS BE FURNISHED IN THE APPROPRIATE SPACE.
- ** 3. MISCELLANEOUS NO. - RECORD: OTHER ARMED FORCES NO. PASSPORT NO. [FP], ALIEN REGISTRATION NO. (AR), PORT SECURITY CARD NO. (PS), SELECTIVE SERVICE NO. (SS) VETERANS' ADMINISTRATION CLAIM NO. (VA).

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