

**NABCS: New Alaska Background Check Program
APPLICANT FINGERPRINT CARD INSTRUCTIONS**

These instructions should only be used when submitting a fingerprint card to the Department of Health, Division of Health Care Services, Background Check Program and should not be used for general background check purposes. If you are attempting to obtain a background check for teacher certification, nurse licensure, a concealed weapon permit, an interested person report, or for any other purpose outside of working or volunteering in an entity licensed and/or certified by the Department of Health, you should not use these instructions. Please contact the agencies who issue such permits, certifications, and licenses to determine the correct procedure for obtaining your background check.

These instructions are to be used with the "SAMPLE" Applicant Fingerprint Card at the end of this document.

1. **NAME BLOCK:** Enter the name obtained from the subject in this field. The format is last name followed by a comma (,) first and middle name, if any. Suffix denoting seniority (Jr., Sr., II, etc.) should follow the middle or first name.
2. **ALIAS (AKA) BLOCK:** List other names used by the applicant that is different than the name entered in the NAME block. Also, list the signature name as an AKA if different than the name that appears in the NAME block. Maiden names and all previous married names of females should be entered in the AKA field, if known. **Enter client number at bottom of block, if known.**
3. **ORIGINATING AGENCY IDENTIFIER (ORI) NUMBER BLOCK:** If the ORI block is not pre-printed, enter 'AKAST0100, DPS, Anchorage, AK' in this space.
4. **DATE OF BIRTH (DOB) BLOCK:** Enter DOB in mm dd yyyy format.
5. **CITIZENSHIP BLOCK:** Enter "US" if a citizen of the United States; otherwise, enter correct country abbreviation.
6. **SEX BLOCK:** Sex must be indicated by either "F" (female), "M" (male), "Unknown" or "Other". Note: Indicate if the applicant is a Transvestite (cross-dresser) or has had a sex change operation. List any opposite sex names used in the ALIAS BLOCK.
7. **RACE BLOCK:** Race must be indicated by one of the following one-character alphabetic characters.

A= Asian, Pacific Islander, Chinese, Japanese, Polynesian, Korean, Vietnamese
B= Black
I= American Indian, Alaskan Native, Eskimo
W= White, Mexican, Latin, Puerto Rican, Cuban Central/South American and other Spanish Cultures.
U= Unknown
8. **HEIGHT BLOCK:** Height must be expressed in feet and inches. Fractions of an inch should be rounded off to the nearest inch. For example, 5'11" should be entered as 511; 6'2" should be entered as 602.
9. **WEIGHT BLOCK:** Weight must be expressed in pounds. Fractions of a pound should be rounded off to the nearest pound. For weights with only two characters, enter a zero in front of the weight; for example, 85 pounds will be entered as 085.

10. **EYE COLOR:** Indicate eye color by one of the following three-character codes:

BLACK	BLK	GREEN	GRN
BLUE	BLU	HAZEL	HAZ
BROWN	BRO	UNKNOWN	UNK
GRAY	GRY		

11. **HAIR COLOR:** Indicate hair color by one of the following three-character codes:

BALD	BAL	RED	RED
BLACK	BLK	SANDY	SDY
BLOND	BLN	WHITE	WHI
BROWN	BRO	UNKNOWN	XXX
GRAY	GRY		

12. **PLACE OF BIRTH (POB) BLOCK:** List the state, territorial possession, province (Canadian) or country of birth. Use the correct abbreviation for foreign countries or correctly spell the name of the country. **Do not list country as POB.**
13. **ORIGINATING AGENCY CASE NUMBER (OCA) BLOCK:** LEAVE THIS SPACE BLANK
14. **FBI NUMBER BLOCK:** Enter the assigned FBI number for applicant, if known.
15. **ARMED FORCES NUMBER BLOCK:** Enter **Background Check Number** here. If you are submitting a hard copy fingerprint card, you must submit your application through the NABCS online background system before sending the fingerprint card to the BCP for processing to order to avoid any delay in processing. The **Background Check Number** is found on the Fingerprint Authorization form obtained by the applicant or provider through NABCS.
16. **SOCIAL SECURITY NUMBER (SOC) BLOCK:** List applicant's Social Security number.
17. **MISCELLANEOUS NUMBER BLOCK:** Enter the applicant's State Identification number in this block, if known.
18. **DATE FINGERPRINTED BLOCK:** Enter the date the applicant was fingerprinted.
19. **EMPLOYER AND ADDRESS BLOCK:** Enter the name and the address of the agency the applicant is applying with.
20. **REASON FINGERPRINTED BLOCK:** Please enter **AS47.05.310** here.
21. **SIGNATURE OF PERSON FINGERPRINTED BLOCK:** The applicant must sign here.
22. **RESIDENCE OF PERSON FINGERPRINTED:** Enter the residence address as well as mailing address if it is different.
23. **SIGNATURE OF OFFICIAL TAKING FINGERPRINTS:** The person who rolled the fingerprints signed here. If fingerprints are taken by a live scan device, the name of the person rolling the prints must appear in this block.
24. **FINGERPRINT IMPRESSION BLOCKS** (Individual and Simultaneous): It is very important that care be taken to roll the fingers from nail to nail when taking the individual finger impressions. This will help ensure legibility. Roll the prints in the correct sequence (note the right and left hand designations in the finger blocks) and obtain simultaneous "plain" impressions. Indicate amputated finger(s) or finger(s) missing at birth.

All information is essential. Read the back of the fingerprint card for additional instructions.

Using care in preparing fingerprint cards will save much more time and avoid rejected fingerprints. Double check your work! Is the fingerprint card completely filled out and are the fingerprints legible?

ADDITIONAL REQUIREMENTS:

In order to assure that fingerprint submissions are processed in a timely manner and not rejected by either the State of Alaska or the Federal Bureau of Investigation, please assure:

- Hand-written descriptive information is clear and legible. Illegible applicant descriptive information will result in the fingerprint card being rejected.
- You have NOT USED highlighter pens in any area of the fingerprint card.
- You have not written information in the "Leave Blank" areas of the fingerprint card.
- You use FBI Applicant fingerprint card. **(Form FD-258)**
- All descriptive data is complete.
- There are not fingerprints rolled on the back of the fingerprint card.
- Any missing or deformed fingers have been annotated. ("AMP" for amputated fingers, "DEF" for deformed fingers, etc.)
- Rolled finger impressions are clear and fully rolled.

PLEASE NOTE: Incomplete fingerprint cards will not be processed.

SAMPLE FINGERPRINT CARD

APPLICANT		LEAVE BLANK		TYPE OR PRINT ALL INFORMATION IN BLACK		LEAVE BLANK	
SIGNATURE OF PERSON FINGERPRINTED: 21		LAST NAME <u>NAM</u>		FIRST NAME		MIDDLE NAME	
RESIDENCE OF PERSON FINGERPRINTED: 22		ALIASES <u>AKA</u>		OR <u>AKASTO100</u> 3		DATE OF BIRTH <u>DOB</u> Month 4 Day Year	
DATE: 18		CITIZENSHIP <u>CTZ</u> 5		6 7 8 9 10 11		PLACE OF BIRTH <u>POB</u> 12	
EMPLOYER AND ADDRESS: 19		TOUR NO. <u>QCA</u> 13		LEAVE BLANK		CLASS _____	
REASON FINGERPRINTED: 20 AS12.62.160(B)(5-6)		FN NO. <u>EBJ</u> 14		ARMED FORCES NO. <u>MNU</u> 15		REF. _____	
		SOCIAL SECURITY NO. <u>SOC</u> 16		MISCELLANEOUS NO. <u>MNU</u> 17			
RIGHT HAND							
LEFT HAND							
LEFT FOUR FINGERS			L E F T T H U M B	R I G H T T H U M B	RIGHT FOUR FINGERS		
LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY			L THUMB	R THUMB	RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY		

The below fingerprint impressions are intentionally smudged. An acceptable set of rolled fingerprint impressions (boxes 1-10) should appear rectangular or square if rolled nail to nail. Additionally the "flex crease" should be captured and will appear as a white solid line; denoting the entire first finger joint has been captured. The simultaneous impressions in the example show the correct placement (no more than 45 degrees) and ensure the rolled impressions are in the correct sequence.

APPLICANT 70C90000006572		LEAVE BLANK		TYPE OR PRINT ALL INFORMATION IN BLOCK LAST NAME TEST FIRST NAME TEST		LEAVE BLANK	
SIGNATURE OF PERSON FINGERPRINTED		PLACES AREA		OR 1	DATE OF BIRTH DOB Month Day Year 12 12 1999		PLACES OF BIRTH DOB XX
RESIDENCE OF PERSON FINGERPRINTED		CITY/STATE CA			ALL F	BASE U	
DATE 20130222		SIGNATURE OF SPECIAL AGENT FINGERPRINTED		COUNTY CA		LEAVE BLANK	
EMPLOYER AND ADDRESS		FB NO. EB		CLASS		LEAVE BLANK	
CLASSIFICATION TEST		JANIS FORGARD MNU		SOCIAL SECURITY NO. SO		LEAVE BLANK	
		MISCELLANEOUS NO. MZU		ISS		LEAVE BLANK	

Cross Match Technologies GUARDIAN 006556293.B2010

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LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY	1. THUMB 4. INDEX	LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY

If you have questions regarding fingerprint quality, please contact the Department of Public Safety Fingerprint Section at 907-269-5942, or the Fingerprint Supervisor at 907-269-5944.