

## **INSTRUCTIONS FOR COMPLETING A FINGERPRINT HARD CARD (FD-258)**

To facilitate prompt and accurate processing of the fingerprint hard card (FD-258) by the California Department of Justice (DOJ) and Federal Bureau of Investigation (FBI), type or print legibly in **BLACK INK** all the required information on the FD-258. The eight (8) required fields are listed in the instructions on page 2. If the FD-258 does not already have the ORI and REF numbers pre-populated, please enter the Board of Registered Nursing's (BRN) ORI and REF numbers as provided on the instructions on page 2. The BRN recommends providing your social security number (SSN) on your FD-258. **Failure to provide your SSN, date of birth (DOB), and full name on the FD-258 exactly how it is listed on your BreEZe application will significantly delay your results from automatically matching to your BreEZe file.**

**If the FD-258 is received with any of the required fields left blank, it will be destroyed upon receipt. You will be issued a deficiency notice requiring submission of a new completed FD-258. Failure to provide information that matches your BreEZe application and failure follow the instructions as listed below will result in processing delays. You can monitor your BreEZe account for updates regarding any fingerprint deficiencies.**

Fingerprints must be taken at a local law enforcement agency (LEA). Each applicant or licensee must have their fingerprints imprinted only in **BLACK INK** on the FD-258. *There may be a rolling fee for this service.*

Do not fold the FD-258. It is recommended that you use a 9" X 12" envelope to return your completed FD-258 and fee (see fee information in the paragraph below). In addition, it is recommended to write "DO NOT FOLD" on the envelope. If your FD-258 is folded, it will be refused, and you will be required to complete a new FD-258 and resubmit.

The current fingerprint processing fee for DOJ and FBI is \$49.00 and is payable to the "California Board of Registered Nursing". This payment may be made online via your BreEZe account, by check, or by money order. If the fee has not been paid, the BRN will not send your FD-258 for processing and will destroy it upon receipt. The fee is non-refundable and is subject to change by the DOJ and FBI without notice.

Once you have completed the FD-258, mail it and the fee (if applicable) to:

California Board of Registered Nursing  
P.O. Box 944210  
Sacramento, CA 94244-2100

*Please Note: It can take the BRN 45 days or more to receive results from the DOJ and FBI after a FD-258 has been sent for processing.*

**INSTRUCTIONS FOR COMPLETING FINGERPRINT CARD (FD-258)**  
**NUMBERED INSTRUCTIONS BELOW CORRESPOND TO NUMBERS IN THE FP CARD BELOW**

<b>APPLICANT</b>		LEAVE BLANK		LAST NAME <b>#6*</b>		TYPE OR PRINT ALL INFORMATION IN BLACK FIRST NAME MIDDLE NAME		FBI		LEAVE BLANK		
SIGNATURE OF PERSON FINGERPRINTED <b>#1*</b>		ALIASES <u>AKA</u>		ORI <b>#9*</b> <b>ORI – A0391</b>		SEX <b>#7*</b>		RACE		HGT		
RESIDENCE OF PERSON FINGERPRINTED												
DATE OF BIRTH DOB <b>#8*</b> MONTH DAY YEAR		CITIZENSHIP <u>CYZ</u>		PLACE OF BIRTH <u>POB</u>		EYES		HAIR				
FP/DATE <b>#2*</b>	SIGNATURE OF OFFICIAL TAKING FINGERPRINTS <b>#3*</b>		YOUR NO. <u>OCA</u>		CLASS		WGT		REF			
EMPLOYER AND ADDRESS <b>#4*</b> DCA/Board of Registered Nursing P.O. Box 944210 Sacramento, CA 94244-2100			FBI NO. <u>FBI</u>		<b>#10*</b> <b>100166</b>							
			ARMED FORCES NO. <u>MNU</u>									
			SOCIAL SECURITY NO. <u>SOC</u>									
REASON FINGERPRINTED <b>#5*</b> License for Registered Nurse			MISCELLANEOUS NO. <u>MNU</u>									
1. R. THUMB		2. R. INDEX		3. R. MIDDLE		4. R. RING		5. R. LITTLE				
6. L. THUMB		7. L. INDEX		3. L. MIDDLE		9. L. RING		10. L. LITTLE				
LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY				L. THUMB		R. THUMB		RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY				

**REQUIRED FIELDS ARE MARKED WITH AN ASTERISK “ \* ”**

<b><u>Required Fields</u></b>	<b><u>Recommended Fields</u></b>
<b>#1*</b> Signature of Person Fingerprinted	Social Security No. (SOC): Enter social security number (SSN)
<b>#2*</b> Date: Enter the date the fingerprints were taken	Aliases (AKA): Enter any aliases (including maiden name)
<b>#3*</b> Signature and certification number of Official Taking Fingerprints	Residence of Person Fingerprinted: Enter home address
<b>#4*</b> Employer and Address: Enter “DCA/Board of Registered Nursing P.O. Box 944210 Sacramento, CA 94244-2100”	<b><u>Optional Fields</u></b>
<b>#5*</b> Reason Fingerprinted: Enter “License for Registered Nurse”	Race: Enter race
<b>#6*</b> Enter full name (Last, First, Middle)	HGT.: Enter height (feet/inches)
<b>#7*</b> Sex: Enter sex	WGT.: Enter weight (lbs)
<b>#8*</b> Date of Birth (DOB): Enter month, day, and year of birth	Eyes: Enter eye color (use abbreviation)
	Hair: Enter hair color (use abbreviation)
	Place of Birth (POB): Enter place of birth
<b><u>If not already pre-populated on the card, please enter the ORI and REF numbers.</u></b> <b>#9*</b> ORI: Enter “ORI - A0391” <b>#10*</b> REF: Enter “100166”	