Clinical Compliance, Office of Clinical Operations 1305 N. Martin Ave, Rm 102 Tucson, AZ 85719 520-621-9954 CON-Compliance@arizona.edu

# FD-258 Form Guide

This document outlines the process to obtain and submit FD-258 Form for IVP and Non-IVP card applicants. The FD-258 Form must be used by applicants that are submitting their fingerprints to the Arizona Department of Public Safety (AZ DPS) via mail. If utilized, an applicant must have their fingerprints physically rolled onto FD-258 Form in ink by a professional fingerprinting service. Please see the *Fingerprint Clearance Card Instructions* for information on how to apply for the AZ DPS Fingerprint Clearance Card and submit electronic fingerprints, if you are not completing the FD-258 Form.

#### Please note:

- All applicants are eligible to submit their fingerprints electronically via Fieldprint and we do recommend completing fingerprints electronically. It saves a significant amount of processing time.
  - However, any applicant may submit via mail by completing their fingerprints using the FD-258 Form if they are unable or prefer not to complete electronic fingerprinting.
- Every applicant should only submit their fingerprints **once**, unless specially instructed otherwise by AZ DPS.
- The FD-258 Form is sometimes referred to as a "fingerprint card" since it is **card**stock paper that ink fingerprints are placed on, but it is not the same as a Fingerprint **Clearance** Card and cannot be accepted in place of one.

## **IVP** Applicants

- You must contact AZ DPS directly and request the FD-258 Form for IVP fingerprinting.
- Once requested, you must wait to receive the envelope with the required documents via mail from AZ DPS
  - o If you have not received your envelope in 10 business days, please contact AZ DPS directly.
- Once you have received the documents from AZ DPS, you must take all required items, as listed on the
  fingerprint card request notice, to a facility that offers identity verified fingerprinting.
- The person taking your fingerprints must complete the required section of the fingerprint card request, take your fingerprints, and mail the request and FD-258 Form to AZ DPS in the blue envelope provided.
  - The person completing your fingerprints is not permitted to give you the FD-258 Form back.
  - FD-258 Forms that are not submitted by the person completing the fingerprinting will not be processed.

### Non-IVP Applicants

# Obtaining and Completing Form FD-258

- Locate a professional fingerprinting service that can complete ink fingerprinting.
  - <u>PrintScan</u> has locations throughout the United States, most of which can complete ink fingerprinting.
    - If you cannot use PrintScan, search for a service that offers ink fingerprinting on an FD-258 Form.
- Fill in your personal information at the top of the form, following the guidelines on the next page.
- When filling out the form, please be sure to:
  - Type or print legibly, in black ink only
  - Stay within the blocks; do not overlap the blue lines
  - Do not write in the fingerprint block except "amp" (amputated) or "bnd" (finger bandaged)
  - o **Do not staple or fold** the card

#### To Submit Form FD-258

Mail in a large secure envelope addressed to:

 Applicant Clearance Card Team PO Box 18390 – MD 3180 Phoenix, AZ 85005-83690

SECTION	HOW TO COMPLETE	
NAME	Must exactly match the name on the application	
SIGNATURE	Sign your legal signature	
RESIDENCE	Enter your <b>residence</b> address, not your <b>mailing</b> address (unless they are the same).	
EMPLOYER AND ADDRESS	If not pre-filled on the form, enter the following:	University of Arizona College of Nursing 1305 N Martin Ave Tucson, AZ 85721
REASON FINGERPRINTED	If not pre-filled on the form, enter the following:	Fingerprint Clearance Card ARS 41-1758-01 & 41-1758-02
ALIASES/AKA	Enter any other names ever used in an official/legal capacity, including maiden name.	
CITIZENSHIP (CTZ)	Enter your country of citizenship, if not the United States	
YOUR NO. OCA	Leave blank	
UNIVERSAL CONTROL NO. (UCN)	Leave blank	
ARMED FORCES NO. (MNU)	Leave blank	
SOCIAL SECURITY NO. (SOC)	Enter your Social Security Number or leave blank, if you do not have an SSN	
MISCELLANEOUS NO. (MNU)	Enter your unique reference number     Located in your AZ DPS account online message center     If this is not included on or with the form, your application will not be processed	
ORI	If not pre-filled on the form, enter the following:	AZDPS2000 DPS-AFIS OPERTNS PHOENIX, AZ
SEX	• F = Female • M = Male	
RACE	<ul> <li>A = Asian/Pacific Islander</li> <li>B = Black</li> <li>I = American Indian/Alaskan Indian</li> </ul>	U = Unknown W = White or Hispanic
HEIGHT (HGT)	Express in feet and inches; using whole numbers (e.g. do not use fractions or decimals). EX: 5'9"	
WEIGHT (WGT)	Express in pounds, using whole numbers (e.g. do not use fractions or decimals). EX: 139 lb	
EYE COLOR	<ul> <li>BLK = Black</li> <li>BLU = Blue</li> <li>BRN = Brown</li> <li>GRY = Gray</li> <li>HZL = Hazel</li> <li>MAR = Maroon</li> </ul>	<ul> <li>MUL = Multicolored</li> <li>PNK = Pink</li> <li>XXX = Unknown</li> </ul>
HAIR COLOR	<ul> <li>BLK = Black</li> <li>BLN = Blonde</li> <li>BLU = Blue</li> <li>BRN = Brown</li> <li>GRY = Gray</li> <li>ONG = Orange</li> <li>PLE = Purple</li> <li>PNK = Pink</li> </ul>	<ul> <li>RED = Red or Auburn</li> <li>SDY = Sandy</li> <li>WHI = White</li> <li>XXX = Unknown or completely bald</li> </ul>
DATE OF BIRTH	Enter in MM/DD/YYYY format	
PLACE OF BIRTH	Enter the two-letter state abbreviation or spell out a foreign country.	