APPLICANT LEAVE BLANK		TYPE OR PRINT ALL INFORMATION IN BLACK LAST NAME NAM FIRST NAME MIDDLE NAME				
SIGNATI	URE OF PERSON FINGERPRINTED		ALIASES AKA	O R		
RESIDENCE OF PERSON FINGERPRINTED			-	4		DATE OF BIRTH DOB Month Day Year
			CITIZENSHIP CT	EX RACI	HGT. VGT. EYES	HA PLÂCE OF E TH POB
DATE SIGNATURE OF OFFICIAL TAKING FINGERPRINTS		YOUR NO. OCA		L AVE B	BLAN	
EMPLOYER AND ADDRESS			FBI NO. E		. V	
			ARMED FORCES NO. MNI	CLASS		
REASON FINGERPRINTED SC			SOCIAL SECÚRITY NO. SO	C REF. —		
			MISCELLANEOUS NO. MN	IU		
			Word St. David St. Co.			
					1	
					¥	
1, R, THUMB 2. R. INDEX		3. R. MIDDLE	4. R. RIP	NG	5. R. LITTLE	
						8
6. L. THI	UMB	7. L. INDEX	8. L. MIDDLE	9. L. RIN	łG	10. L. LITTLE

Type Identification

Loop: right or left, ulnar or radial

Whorl: plain, pocket, double or mixed

Arch: plain or tented

	Right	Left
Thumb		
Index		
Middle		
Ring		
Little		

FEDERAL BUREAU OF INVESTIGATION UNITED STATES DEPARTMENT OF JUSTICE

WASHINGTON, D.C. 20537

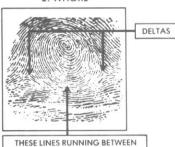
APPLICANT



THE LINES BETWEEN CENTER OF LOOP AND DELTA MUST SHOW

2. WHORL

1. LOOP



DELTAS MUST BE CLEAR

3. ARCH



ARCHES HAVE NO DELTAS

LE40 - A (3-95)

Equivalent to FBI FD-258

WASH AND DRY FINGERS THOROUGHLY.

TO OBTAIN CLASSIFIABLE FINGERPRINTS:

- ROLL FINGERS FROM NAIL TO NAIL, AND A VOID ALLOWING FINGERS TO SLIP. BE SURE IMPRESSIONS ARE RECORDED IN CORRECT ORDER.
- BE SURE IMPRESSIONS ARE RECORDED IN CORRECT ORDEN.

 IF AN AMPUTATION OR DEFORMITY MAKES IT IMPOSSIBLE TO PRINT A FINGER, MAKE A NOTATION TO THAT EFFECT IN THE INDIVIDUAL FINGER BLOCK.

 IF SOME PHYSICAL CONDITION MAKES IT IMPOSSIBLE TO OBTAIN PERFECT IMPRESSIONS, SUBMIT THE BEST THAT CAN BE OBTAINED WITH A MEMO STAPLED TO THE CARD EXPLAINING THE CIR.
- EXAMINE THE COMPLETED PRINTS TO SEE IF THEY CAN BE CLASSIFIED, BEARING IN MIND THAT MOST FINGERPRINTS FALL INTO THE PATTERNS SHOWN ON THIS CARD (OTHER PATTERNS OCCUR INFREQUENTLY AND ARE NOT SHOWN HERE).

THIS CARD FOR USE BY:

- LAW ENFORCEMENT AGENCIES IN FINGERPRINTING APPLI-CANTS FOR LAW ENFORCEMENT POSITIONS. *
- OFFICIALS OF STATE AND LOCAL GOVERNMENTS FOR PUR-POSES OF EMPLOYMENT, LICENSING, AND PERMITS, AS AUTHOR-IZED 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.
- U.S. GOVERNMENT AGENCIES AND OTHER ENTITIES REQUIRED BY FEDERAL LAW
- 4. OFFICIALS OF FEDERALLY CHARTERED OR INSURED BANK-ING INSTITUTIONS TO PROMOTE OR MAINTAIN THE SECURITY OF THOSE INSTITUTIONS.

INSTRUCTIONS:

- 1). PRINTS MUST FIRST BE CHECKED THROUGH THE APPRO-PRIATE STATE IDENTIFICATION BUREAU, AND ONLY THOSE FINGER-PRINTS FOR WHICH NO DISQUALIFYING RECORD HAS BEEN FOUND LOCALLY SHOULD BE SUBMITTED FOR FBI SEARCH.
- PRIVACY ACT OF 1974 (P.L. 93-579) REQUIRES THAT FEDERAL, STATE, OR LOCAL AGENCIES INFORM INDIVIDUALS WHOSE SOCIAL SECURITY NUMBER IS REQUESTED WHETHER SUCH DISCLOSURE IS MANDATORY OR VOLUNTARY, BASIS OF AUTHORITY FOR SUCH SOLICITATION, AND USES WHICH WILL BE MADE OF IT.
- **3. 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.
- 4. FBI NUMBER. IF KNOWN, SHOULD ALWAYS BE FURNISHED IN THE APPROPRIATE SPACE.

MISCELLANEOUS NO. RECORD: OTHER ARMED FORCES NO., PASSPORT NO. (PP), ALIEN REGISTRATION NO. (AR), PORT SECURITY CARD NO. (PS), SELECTIVE SERVICE NO. (SS), VETERANS' ADMINISTRATION CLAIM NO. (VA).

i ldenticator

LEAVE THIS SPACE BLANK