



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 BreZE application will significantly delay your results from automatically matching to your BreZE 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 BreZE application and failure follow the instructions as listed below will result in processing delays. You can monitor your BreZE 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 BreZE 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**

APPLICANT		LEAVE BLANK		LAST NAME #6*		TYPE OR PRINT ALL INFORMATION IN BLACK FIRST NAME MIDDLE NAME		FBI		LEAVE BLANK	
SIGNATURE OF PERSON FINGERPRINTED #1*		RESIDENCE OF PERSON FINGERPRINTED		ALIASES_AKA		OR I #9*		ORI - A0391		DATE OF BIRTH DOB MONTH DAY YEAR #8*	
FP/DATE #2*	SIGNATURE OF OFFICIAL TAKING FINGERPRINTS #3*		CITIZENSHIP_CYZ		SEX #7*	RACE	HGT	WGT	EYES	HAIR	PLACE OF BIRTH_POB
EMPLOYER AND ADDRESS #4* DCA/Board of Registered Nursing P.O. Box 944210 Sacramento, CA 94244-2100			YOUR NO. OCA		CLASS		#10* 100166				
REASON FINGERPRINTED #5* License for Registered Nurse			FBI NO. FBI		REF						
			ARMED FORCES NO. MNU		SOCIAL SECURITY NO. SOC						
			MISCELLANEOUS NO. MNU								
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 " * "

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