



FINGERPRINT INSTRUCTIONS

You should be able to obtain fingerprinting (rolling) service from almost any law enforcement agency. The following items are necessary to ensure the processing of your request. Failure to follow these procedures may result in the delay or rejection of your clearance. Please return the following:

1. Two Completed Fingerprint Cards (FD-258)

[Email](#) the Board to obtain two (2) fingerprint cards. Be sure the cards are completed with your full name, date and place of birth, physical description (sex, weight, eyes, and hair), driver's license number (enter under Miscellaneous Number **MNU**), and social security number.

Take the cards to your local law enforcement agency to complete the fingerprinting on the cards. Fingerprint cards must be signed by you and by the law enforcement official rolling your fingerprints.

Fingerprints may be difficult to obtain if age, occupational wear, or disease have caused ridge deterioration. To produce better fingerprints, wash hands with soap and warm water, rub fingers with petroleum jelly or a waterless hand cleaner, and wipe before printing.

For missing impression(s) due to amputated fingers, write "AMP"; otherwise, attach an explanation to the card giving a reason for the missing fingerprints.

2. Exemption from Mandatory Electronic Fingerprint Submission

Complete and sign the Request for Exemption from Mandatory Electronic Fingerprint Submission Requirement Form (BCII 9004). As of July 1, 2005, the Department of Justice requires this form to be submitted with the fingerprint cards.

3. Money Order, Certified Check, or Personal Check (*made Payable to California Department of Justice*)

A certified check, personal check, or money order in the amount of \$49.00 (for state and federal criminal background checks) is required with your completed fingerprint cards. If the money order or certified check is from a non-U.S. bank, the funds must be payable in U.S. dollars.

4. Mail Your Check, Completed Fingerprint Card, and Exemption Form (BCII9004) to:

Osteopathic Medical Board of California
1300 National Drive, Suite 150
Sacramento, CA 95834-1991

Normal processing time is approximately three to six weeks.

If you have any questions, please contact the Board at the phone number listed above.

Enclosures



REQUEST FOR EXEMPTION FROM MANDATORY ELECTRONIC FINGERPRINT SUBMISSION REQUIREMENT

Bureau of Criminal Identification and Analysis
P.O. Box 90341
Sacramento, CA 94203-4170

Bureau of Criminal Identification and Information Services
P.O. Box 160447, Room G110
Sacramento, CA 95816

APPLICANT INSTRUCTIONS: Please type or print clearly all information. Illegible or incomplete information may result in processing delays or denial of your request. Mail this form, together with your fingerprint card(s) (FD258), to the above address.

APPLICANT'S NAME:

LAST FIRST MIDDLE

APPLICANT'S ADDRESS:

STREET CITY COUNTY STATE ZIP CODE

BASIS FOR EXEMPTION:

1. NO REGIONAL ACCESS TO FINGERPRINTING SERVICES:

Nearest Electronic Fingerprint Site: (Refer to public sites listed on the Attorney General's website at <https://oag.ca.gov/fingerprints/locations>)

BUSINESS NAME ADDRESS

2. OTHER (explain):

Pursuant to California Penal Code section 11077.1(b), I request an exemption from the mandatory electronic fingerprint submission requirement. I certify that the foregoing is true and correct.

APPLICANT'S SIGNATURE

DATE

The Department of Justice will evaluate your request and determine whether adequate justification exists to accept your hard fingerprint card(s) in order to process a request for criminal offender record information for employment, licensing, certification, child placement, or adoption purposes.

FINGERPRINT CARD INSTRUCTIONS

Please type or print in **black** ink.

1. Name (NAM)
Indicate complete name.
2. Aliases (AKA)
Indicate other names used (*i.e.* maiden name)
3. ORI
This area is pre-printed with the Bureau of Criminal Identification as the contributor. **Do not place a stamp or write over this area.**
4. Date of Birth (DOB)
Indicate month-day-year of birth.
5. Citizenship (CTZ)
Leave blank.
6. Sex
Indicate abbreviation: M = male; F = female; X = nonbinary
7. Race
Leave blank.
8. Height (HGT)
Indicate height in feet and inches using a three-digit code (**First digit** - feet, **Second** and **Third digits**= inches).
EXAMPLE: 5 feet 9 inches= 509
9. Weight (WGT)
Indicate applicant's weight.
10. Eyes
Indicate eye color abbreviation:

BLK = black **BLU = blue** **BRO = brown** **GRN = green**
HAZ = hazel **GRY = gray**
11. Hair
Indicate hair color abbreviation:

BLA = bald **BLK = black** **BLN = blond** **BRO = brown**
GRY = gray **RED = red** **SDY = sandy** **WHI = white**

12. Place of Birth (POB)
Indicate the state or country of birth.
13. Your No. (OCA)
Leave blank.
14. Universal Control No. (UCN)
Leave blank.
15. Armed Forces No. (MNU)
Leave blank.
16. Social Security No. (SOC)
Indicate the social security number.
17. Miscellaneous No. (MNU)
Enter your driver's license number
18. Signature of Person Fingerprinted
Important. Fingerprint cards **must** be signed for submission.
19. Residence of Person Fingerprinted
Please include complete address.
20. Date
Indicate month-day-year applicant was fingerprinted.
21. Signature of **official** taking fingerprints
The official taking the fingerprints should sign the card and indicate name of agency or company providing this service.
22. Fingerprint Impressions
Make certain all impressions are legible, clear (not blurred or smudged), fully rolled and classifiable.

IMPORTANT ADDITIONAL INFORMATION

Do not place any markings, stamps, etc., in the area designated for fingerprints except to note amputated or deformed fingers. To do so may cause the fingerprint to be rejected.

Do not fold, bend or mutilate fingerprint cards.

PLEASE NOTE: Before a license can be issued, clearance from both the federal and state level must be obtained. If your fingerprint card(s) is/are rejected, you will be notified as such. A second submission will be processed without additional cost to you, note will there be a charge for a third submission at the state level; **however**, there will be a **\$24.00 charge** for a third submission at the federal level. Please consult a **qualified technician** to ensure that a set of high-quality fingerprints is obtained.

If you have any questions, please contact the Board at (916) 928-8390

APPLICANT

LEAVE BLANK

TYPE OR PRINT ALL INFORMATION IN BLACK
LAST NAME NAM FIRST NAME MIDDLE NAME

FBI LEAVE BLANK

18

ALIASES AKA

R
I

2

DOB
Month Day Year

19

CITIZENSHIP CTZ

SEX 6

RACE 7

HGT. 8

WGT. 9

EYES 10

HAIR 11

PLACE OF BIRTH 12

POB

DATE
20

SIGNATURE OF OFFICIAL TAKING FINGERPRINTS
21^E

YOUR NO. OCA
13

LEAVE BLANK

EMPLOYER AND ADDRESS

UNIVERSAL CONTROL NO. UCN
14

CLASS

ARMED FORCES NO. MNU
15

REASON FINGERPRINTED

SOCIAL SECURITY NO. SOC
16

REF

MISCELLANEOUS NO. MNU
17

22

1. R. THUMB

2. P.

4. R. RING

5. R. LITTLE

6. L. THUMB

7. L. INDEX

10. L. LITTLE

LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY

L. THUMB

R. THUMB

RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY

COPY