

# Instructions for Completing Fingerprinting Card

LEAVE BLANK		TYPE OR PRINT ALL INFORMATION IN BLOCK				FBI		LEAVE BLANK	
<b>APPLICANT</b> <small>* See Privacy Act Notice on Back</small>		LAST NAME NAM		FIRST NAME		MIDDLE NAME			
		1.							
SIGNATURE OF PERSON FINGERPRINTED 3.		ALIASES AKA 2.		OR VA922491Z VA DOH/OFC EMS GLEN ALLEN, VA		DATE OF BIRTH Month		DOB Year	
RESIDENCE OF PERSON FINGERPRINTED 4.						5.			
		CITIZENSHIP CTZ		SEX 6.	RACE 7.	HGT 8.	WGT 9.	EYES 10.	HAIR 11.
DATE 14.		SIGNATURE OF OFFICIAL TAKING FINGERPRINTS 15.		YOUR NO. OCA		LEAVE BLANK			
EMPLOYER AND ADDRESS 16.		FBI NO. FBI		ARMED FORCES NO. MNU		CLASS _____			
REASON FINGERPRINTED 17.		SOCIAL SECURITY NO. SOC 13.		MISCELLANEOUS NO. MNU		REF. _____			

1. Name (NAM) block: Enter the applicant’s last name, first name, and middle name – in that order – in this space. Be sure to write out the middle name. Suffix denoting seniority (Jr., Sr., III) should follow the name.

2. Also Known As (AKA) block: Enter other names the applicant has used, especially maiden names or and previous married names.

3. Applicant’s Signature block: The applicant must sign this block in the presence of the person taking the fingerprints.

4. Applicant’s Address block: Enter the applicant complete physical address.

5. Date of Birth (DOB) block: Enter the applicant’s date of birth in the format mmddyyy for example; if the applicant’s birthday is August 18<sup>th</sup>, 1980; it should be entered as 08181980

6. Sex block: F for female, M for male

7. Race (RAC) block: Select one of the corresponding alphabetic codes:

CODE	RACE
I	Native American
A	Asian
B	Black
W	Caucasian / Latin

8. Height (HGT) block: Enter the applicant’s height in feet and inches. Round off fractions to the nearest inch. For instance, applicant is 5 ft 6 ½ inches, round off to 5’ 7”.

9. Weight (WGT) block: Enter the applicant’s weight in pounds.

10. Eye Color (EYES) block: Select the correct color from the table:

EYE COLOR	CODE	EYE COLOR	CODE						
Black	BLK	Blue	BLU	Brown	BRO	Gray	GRY	Multicolor	MUL
Green	GRN	Hazel	HAZ	Maroon	MAR	Pink	PNK	Unknown	XXX

11. Hair Color (HAIR) block: Select the color from the table:

HAIR COLOR	CODE	HAIR COLOR	CODE	HAIR COLOR	CODE	HAIR COLOR	CODE	HAIR COLOR	CODE
Bald	BAL	Black	BLK	Blonde	BLN	Blue	BLU	Brown	BRO
Green	GRN	Grey	GRY	Orange	ONG	Purple	PLE	Pink	PNK
Auburn	RED	Sandy	SDY	White	WHI	////////////////	////////////////	////////////////	////////////////

12. Place of Birth (POB) block: Enter the state where the applicant was born.

13. Social Security Number (SOC) block: Enter the applicant's social security number.

14. Date Fingerprinted block: Enter the date the applicant is fingerprinted.

15. Signature of person taking fingerprints. The fingerprinter (not applicant) signs in this block.

16. Employer and address block: Enter the name and address of the licensed EMS agency the applicant is seeking affiliation/employment with, and the mailing address of the licensed EMS agency.

17. Reason fingerprinted block: Enter either volunteer or career EMS agency affiliation in this block.

**NOTE:**

Do not fold cards at any time. Creases in the fingerprint card will result in them not being able to be processed.

Items 1 – 17 listed above are ALL required. Missing information will result in a card not being able to be processed.

Items 1 – 17 should be entered or printed on the card in black ink ONLY.

Once all information above is entered completely and fingerprints are obtained, send the card to:

Virginia Office of Emergency Medical Services  
1041 Technology Park Drive  
Glen Allen, VA 23059