

APPLICANT	LEAVE BLANK	TYPE OR PRINT ALL INFORMATION IN BLACK LAST NAME FIRST NAME MIDDLE NAME <i>List "IO", if initials used only – List "NMN", if no middle name</i>						FBI LEAVE BLANK	
SIGNATURE OF PERSON FINGERPRINTED <i>Applicant's signature – should agree with name shown at top of the card</i>		AKA <i>List maiden, former married, etc.</i>	O VAMHMRS AZ R MNTL HLTH/MNTL RTRD I SUBS ABUSE SERV RICHMOND, VA <i>Imprinted by FBI</i>					DATE OF BIRTH Month Day Year i.e. 04 13 63	
RESIDENCE <i>Applicant's address</i>								PLACE OF BIRTH <i>List state (or country if born outside of US)</i>	
DATE i.e. 10/01/04	SIGNATURE TAKING PRINTS <i>Person taking fingerprints</i>	CTZ <i>List country of citizenship</i>	SEX <i>F or M</i>	RACE <i>see below</i>	HGT <i>i.e. 5'1"</i>	WGT <i>i.e. 125</i>	EYES <i>see below</i>	HAIR <i>see below</i>	
EMPLOYER AND ADDRESS <i>Provider's address – Provider to imprint</i>		OCA <i>Provider will imprint</i>	LEAVE BLANK CLASS _____ REF. _____						
REASON FINGERPRINTED MENTAL HEALTH PROVIDER APPLICANT VA CODE 37.2-416 – <i>Imprinted by BIU</i>		FBI							
		MNU i.e. 123-45-6789 MNU A1729 - BIU							

*REQUIRED INFORMATION IS HIGHLIGHTED

RACE	RACE CODE	
American Indian or Alaskan Native	I	
Asian or Pacific Islander	A	
Black*	B	
White*	W	
*Hispanics should be entered with the race code most closely representing the individual		
EYE & HAIR COLOR	EYE CODE	HAIR CODE
Bald		BAL
Black	BLK	BLK
Blond or Strawberry		BLN
Blue	BLU	BLU
Brown	BRO	BRO
Green	GRN	GRN
Gray	GRY	GRY
Hazel	HAZ	
Maroon	MAR	
Multicolored	MUL	
Orange		ONG
Purple		PLE
Pink	PNK	PNK
Red		RED
Sandy		SDY
White		WHI
Unknown	XXX	XXX