

## Obtaining and Preparing Your Fingerprint Card

The fingerprint card you need to send us (as pictured below) is available at most places that offer fingerprinting services. A list of approved fingerprinters in the state of Alaska is available on the [Department of Public Safety's](#) website. It's called the "standard applicant card" or "Form FD-258." Alternatively, you may email the Alaska Bar Association at [info@alaskabar.org](mailto:info@alaskabar.org) and request we mail you a card. Please include your mailing address in the email.

### Instructions for Completing the Fingerprint Card

Please note: Do not highlight on the actual fingerprint card you are sending us. This example card is highlighted only as a demonstration for instructional purposes.

1. Fill out all portions highlighted in green.
2. Write in your driver's license or state ID number in the "Miscellaneous number" box.
3. **Leave blank** all portions highlighted in pink.
4. The portions highlighted in orange are for the official taking your fingerprints to fill in.
5. **Double check for completeness** before sending us your card. We don't want to have to call you to ask you how tall you are or how much you weigh!

<b>APPLICANT</b> <small>See Privacy Act Notice on Back</small> FD-258 (Rev. 5-15-17) 1116-0046 SIGNATURE OF PERSON FINGERPRINTED: RESIDENCE OF PERSON FINGERPRINTED: DATE: _____ SIGNATURE OF OFFICIAL TAKING FINGERPRINTS: _____ EMPLOYER AND ADDRESS: <b>ALASKA BAR ASSOCIATION</b> <b>840 K STREET, SUITE 100</b> <b>ANCHORAGE, AK 99501-3353</b> THE ALASKA FINGERPRINTED: <b>ALASKA BAR EXAM</b> <b>A.S. 08.09.13Z</b>		LEAVE BLANK TYPE OR PRINT ALL INFORMATION IN BLACK LAST NAME (NAM): _____ FIRST NAME: _____ MIDDLE NAME: _____ ALIASES (AKA): _____ D (R) I: _____ 2100 CITIZENSHIP (CTZ): _____ SEX: _____ RACE: _____ HT: _____ WGT: _____ EYES: _____ HAIR: _____ YOUR NO: OCA UNIVERSAL CONTROL NO: LCN ARMED FORCES NO: MNU SOCIAL SECURITY NO: SOC: _____ MISCELLANEOUS NO: MNU		FBI: LEAVE BLANK DATE OF BIRTH (DOB): _____ MO: _____ DAY: _____ YEAR: _____ PLACE OF BIRTH (POB): _____ LEAVE BLANK CLASS: _____ REF: _____	
L. THUMB L. INDEX L. MIDDLE L. RING L. P. LITTLE L. THUMB L. INDEX L. MIDDLE L. RING L. P. LITTLE		L. THUMB L. INDEX L. MIDDLE L. RING L. P. LITTLE		R. THUMB R. INDEX R. MIDDLE R. RING R. P. LITTLE R. THUMB R. INDEX R. MIDDLE R. RING R. P. LITTLE	
LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY		L. THUMB R. THUMB		RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY	