

NON-CRIMINAL JUSTICE REQUISITION FOR APPLICANT FINGERPRINT CARDS AND FORMS

Please use this form to order your fingerprint cards.

Forward to: NC State Bureau of Investigation
Criminal Information & Identification Section
Post Office Box 29500
Raleigh, NC 27626-0500



Email to: CIISHelp@ncsbi.gov

Fax To: (919) 661 - 4890

<u>Form Number</u>	<u>Description</u>	<u>Quantity</u>
FD-258	Applicant Fingerprint Card	
	<ul style="list-style-type: none"> • Federal Fingerprint Card: Public Law 105.277 Licensed/Certified Direct Patient Care * <i>Order only if approved for use of ORI NC.....C9Z</i> * 	_____
	<ul style="list-style-type: none"> • Standard Criminal State and/or Federal Background Check Federal Fingerprint Card: SB41-2005 * * <i>For all other uses: ORI NC.....00</i> * * 	_____

Date: _____

Agency Name: _____

Street Address (not P.O. Box): _____

City: _____, NC Zip: _____

Contact Person : _____ Phone: _____

Enter with Punctuation
Include Area Code
Ex: (123) 456-7890

**If you should have any questions regarding this order, call (919) 582-8660.
Please allow up to two weeks for delivery of supplies.**

For SBI Use Only

Date Received: _____ Date Processed: _____

RECEIVED VIA (*circle one*) : EMAIL — DCI — US MAIL — PHONE — FAX

Received By: _____ Processed By: _____