



**Card Processing Center Orlando Office**

**SAFEsky**  
**10524 Moss Park Road**  
**Suite 740**  
**Orlando, Florida 32832**

**SECTION 1. CLIENT REGISTRATION FORM**

Last Name:		First Name		Middle:	Citizenship:
Date of Birth	Race:	Sex:	Height:	Weight:	Color of eyes:
Color of Hair:	Phone:	Address:			
Place of Birth:		City:	State:	Zip Code:	

*Thank you for selecting Accurate Fingerprinting. The information you provide on this form is for the sole purpose of verifying your identity and accurately provide the services you require. Valid government identification required for all services. Payment is due at the time of service. Additional information can be found on our website under FAQ. Accurate Fingerprinting will provide the professional fingerprinting services requested according to the rules and regulations of the appropriate Federal, State or County requesting the fingerprints. Client (the undersigned) hereby releases and forever discharges Accurate Fingerprinting, and its employees harmless from any and all claims, demands, judgments and legal fees arising out of or in connection with the results or any lawful use of the results. Furthermore, the client acknowledges responsibility for submitting 2 (two) fingerprint cards to the requesting agency. In the event the agency requests the client to be re-printed, Accurate Fingerprinting will provide (or notify out of state clients) to provide 2 additional fingerprint cards. Service fees are non refundable. Upon signing of the fingerprint card, client acknowledges that all the information printed on the fingerprint card is correct*

Client Acceptance: \_\_\_\_\_ Date: \_\_\_\_\_ ORI for fingerprints: \_\_\_\_\_

Email: \_\_\_\_\_ OCA#: \_\_\_\_\_ License Applying for: \_\_\_\_\_

**SECTION 2. CUSTODY AND CONTROL FORM**

	Type of Identification presented:	Expiration Date:	Number:

**INSTRUCTIONS FOR COLLECTING FINGERPRINTS**

**LAW ENFORCEMENT OFFICER OR FINGERPRINT COLLECTOR:**

Please verify the individual's identity using a form of Photo Identification, which must be a government photo issued ID (For example: Driver's license, Passport, State issued ID).

- Have the individual sign 2 fingerprint cards and the client registration form in your presence.
- Fill in section 2 of the Custody and Control Form and sign it.
- Take the fingerprints of the individual.
- Put the fingerprint cards and paperwork in the overnight envelope supplied by the individual (Fedex or UPS recommended) and stamp or seal the envelope. You may return the sealed envelope to the Client.

Name of official taking prints: \_\_\_\_\_ Date \_\_\_\_\_

Contact Number: \_\_\_\_\_ Agency: \_\_\_\_\_

Form of Payment: <input type="checkbox"/> Check enclosed, payable to Accurate Fingerprinting. <input type="checkbox"/> Paid Online by Credit card, enclose receipt
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**Client, send your prints to**  
**SAFEsky**  
**10524 Moss Park Road, #740**  
**Orlando, Florida 32832**

**Ship to us using a Tracking Method Only - FedEx, UPS or USPS Priority Mail. Stamped letters can get lost or delayed.**



**FD – 258 FINGERPRINT CARD FIELD NAME AND EXPLANATION**

Numbered fields are required and must be fully completed in accordance with the provided instructions. Use **BLACK** ink pen **ONLY**.

<b>APPLICANT</b> <small>* See Privacy Act Notice on Back</small>		LEAVE BLANK		TYPE OR PRINT ALL INFORMATION IN BLACK				FBI		LEAVE BLANK	
FD-258 (REV.12-10-07)		SIGNATURE OF PERSON FINGERPRINTED <b>2</b>		LAST NAME NAM		FIRST NAME <b>1</b>		MIDDLE NAME		DOB	
RESIDENCE OF PERSON FINGERPRINTED		ALIASES AKA		O R I		<b>15</b>		DATE OF BIRTH Month Day Year		DOB Year	
DATE		SIGNATURE OF OFFICIAL TAKING FINGERPRINTS <b>3</b>		CITIZENSHIP CTZ		SEX		RACE		HGT.	
EMPLOYER AND ADDRESS <b>16</b>		REASON FINGERPRINTED <b>17</b>		YOUR NO. OCA <b>5</b>		WGT.		EYES		HAIR	
FBI NO. FBI		SOCIAL SECURITY NO. SOC		ARMED FORCES NO. MNU		7		8		9	
MISCELLANEOUS NO. MNU		CLASS		10		11		12		13	
REF.		PLACE OF BIRTH		POB		<b>14</b>		LEAVE BLANK			

**1. NAM**

Full name in following order, LAST, FISRT, MIDDLE. Initials are not acceptable. If applicant has no middle name, enter NMN for the middle. Suffix denoting seniority should follow the name.

**2. SIGNATURE OF PERSON FINGERPRINTED**

The applicant must sign this block in the presence of person taking fingerprints. The Card may not be signed in advance.

**3. RESIDENCE OF PERSON FINGERPRINTED**

Enter applicant complete, permanent address.

**4. REASON FINGERPRINTED**

If not pre-printed, this block will be complete by agency.

**5. CTZ**

Select the name of the country of which the applicant is a citizen. This may differ from the applicant's country of birth.

**6. SOC**

If applicant has been assigned a Social Security Number, enter it in this block. Otherwise leave blank.

**7. SEX**

Enter "M" for male or "F" for female

**8. RACE**

Enter the applicable code:

**I:** American Indian or Native.

**A:** Asian or Pacific Islander. A person having origins in any of the original peoples of the far East, Southeast Asia, The Indian subcontinent or the Pacific Islands.

**B:** Black. A person having origins in any of the black racial groups of Africa.

**W:** White. A person having origins in any of the original peoples of Europe, North Africa, or the Middle East. Includes Caucasian, Mexican, Puerto Rican, Cuban, Central and South American, or other Spanish culture.

**U:** Unknown or other. Of indeterminate race.

**9. HGT**

Must include three numeric characters. Enter applicant's height in feet and inches. DO NOT USE ' or ' ' .

Example: For 5'11 enter 511  
For 6'1 enter 601

**10. WGT**

Enter the applicant's weight in pounds. Example:

For 94 pounds enter 094  
For 186 pounds enter 186

**11. EYES**

Select the color from the table below

Color	Code
Black	BLK
Blue	BLU
Brown	BRO
Gray	GRY
Hazel	HAZ
Maroon	MAR
Multicolored	MUL
Pink	PNK
Unknown	XXX



**12. HAIR**

Select the color from the table below

Color	Code
Bald	BLD
Black	BLK
Blonde	BLN
Brown	BRO
Gray	GRY
Red	RED
Sandy	SDY
White	WHI
Unknown	XXX

**13. POB**

Enter the applicable State (USA) or Country where applicant was born. This may differ from the applicant’s country of citizenship.

Example:

Georgia: GA

Florida: FL

Canada: Canada

Germany: Germany

**14. DATE OF BIRTH**

Enter applicant’s date of birth in the following format:

mm dd yyyy

**15. ORI**

Originating Agency Identifier Number.

This number is a nine-character identifier assigned to the agency requesting the FBI records

**16. DATE FINGERPRINTED**

Must be enter by the Officer or fingerprint technician. Enter the date the applicant is fingerprinted.

**17. SIGNATURE OF OFFICIAL**

**TAKING FINGERPRINTS**

The official or Fingerprint technician (not the Applicant) signs this here.

The Person, Officer or Fingerprint Technician processing fingerprints are responsible for sealing the completed FD-258 in an envelope and affix his or her signature across the seal of the envelope. Do not Bend or fold the FD-258 cards.

The fingerprint cards, along with a completed Accurate Fingerprinting Client Registration form, are then sealed in a FedEx or UPS envelope and the fingerprint collector must initial or stamp the seal. (Do not bend or crease fingerprint cards)

***Ship Completed Fingerprint Cards to Accurate Fingerprinting Fort Lauderdale Office Card Processing Center.***

Client may take the FedEx or UPS envelope to the shipping location. Shipping by United States Postal Services (USPS) is not recommended, as the cards may get damaged when delivered in the mailbox. The envelope is sent to:

**Accurate Fingerprinting  
5449 S. Semoran Blvd.  
Suite 16  
Orlando, Florida 32822**

Please email Accurate Fingerprinting at info@safesky.us with the FedEx or UPS tracking number, your name and contact telephone number so we may track your order.

Example

*John Doe*

*(855) 723-3759*

*FedEx Tracking Number: 123456789, 123ABC, 1122XYZ.*

***Paying for Accurate Fingerprinting Services and Florida State Fee.***

You may send a check in the envelope payable to Accurate Fingerprinting for the appropriate fee or upon receipt of your fingerprint cards, Accurate Fingerprinting will send you an electronic invoice and you may pay securely Online with a Debit, Credit Card, and Electronic Check.

Accurate Fingerprinting is not responsible for fingerprints rejected due an incorrect ORI (Originating Agency Identification), and/or poor quality. Please verify the ORI before you mail the cards.

Accurate Fingerprinting will review the quality of prints before submission and contact you if there are any concerns.