



**Fort Lauderdale Office:**

Accurate Fingerprinting  
#1 East Broward Boulevard Suite 700  
Fort Lauderdale, Fl. 33301  
954-399-0759 ext 2.

**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/Safe Sky, Inc. 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. Safe Sky, Inc. 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/SAFEsky Inc, 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, Safe Sky, Inc. 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 Safe Sky, Inc. <input type="checkbox"/> Please invoice via email for credit card payment.
--

**Client, send your prints to**  
**Accurate Fingerprinting**  
**#1 East Broward Boulevard, Suite 700**  
**FORT LAUDERDALE, FL 33301**

## 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		
		LAST NAME NAM	FIRST NAME 1	MIDDLE NAME							
SIGNATURE OF PERSON FINGERPRINTED 2		ALIASES AKA		O R I 15				DATE OF BIRTH Month Day	DOB Year 14		
RESIDENCE OF PERSON FINGERPRINTED 3		CITIZENSHIP CTZ 5			SEX 7	RACE 8	HGT. 9	WGT. 10	EYES 11	HAIR 12	PLACE OF BIRTH 13
DATE 16	SIGNATURE OF OFFICIAL TAKING FINGERPRINTS 17		YOUR NO. OCA		LEAVE BLANK						
EMPLOYER AND ADDRESS			FBI NO. FBI	CLASS _____  REF. _____							
REASON FINGERPRINTED 4			ARMED FORCES NO. MNU								
			SOCIAL SECURITY NO. SOC 6								
			MISCELLANEOUS NO. MNU								

- 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 deniting 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, Soueast 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 indeterminable 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

<b>Color</b>	<b>Code</b>
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 Safe Sky 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 Florida Office.***

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**  
**#1 East Broward Boulevard, Suite 700**  
**FORT LAUDERDALE, FL 33301**

Please email Safe Sky at [info@safesky.us](mailto: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 Fingerprinting Services and Florida State Fee.***

You may send a check in the envelope payable to Safe Sky, Inc. for the appropriate fee or upon receipt of your fingerprint cards, Safe Sky 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.

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