

<p>APPLICANT <small>* See Privacy Act Notice FD-258</small></p> <p>FD-258 (Rev. 9-9-13) 1110-0048</p> <p>SIGNATURE OF PERSON FINGERPRINTED</p> <p style="text-align: center;">1</p> <hr/> <p>RESIDENCE OF PERSON FINGERPRINTED</p> <p style="text-align: center;">2</p>	<p>LEAVE BLANK</p>
---	--------------------

1. SIGNATURE OF PERSON FINGERPRINTED: This is a mandatory field. All fingerprint cards MUST be signed by the applicant, or they will be returned.

2. RESIDENCE OF PERSON FINGER PRINTED: This is a mandatory field. The applicant must legibly complete the residence portion of the card.

<p>EMPLOYER AND ADDRESS</p> <p style="text-align: center;">3</p>
<p>REASON FINGERPRINTED</p> <p style="text-align: center;">4</p>

3. EMPLOYER AND ADDRESS: This is a mandatory field. Please enter legibly: North Carolina Board of Dietetics/Nutrition, 1135 Kildaire Farm Rd., Suite 200, Cary, NC 27511.

4. REASON FINGER PRINTED: This is a mandatory field. Please enter legibly: Licensed Dietitian/Nutritionist (LDN) or Licensed Nutritionist (LN) per NCGS §90-357.6 State and Federal Search.

TYPE OR PRINT ALL INFORMATION IN BLACK

LAST NAME	NAM	FIRST NAME	MIDDLE NAME
5			
ALIASES, AKA	O R I		

5. LAST NAME, FIRST NAME, AND MIDDLE NAME OF APPLICANT

This is a mandatory field. Please enter legibly: Last name, First name, and middle name.

YOUR NO. OCA 6

6. YOUR OCA (ALSO KNOWN AS THE AGENCY NUMBER) **This is a mandatory field.** Please enter legibly: **NCBDN0000**

DATE OF BIRTH DOB 7 Month Day Year
--

7. YOUR DOB (Date of Birth) **This is a mandatory field.** Please enter your Date of Birth numerically. *Example:* May 11, 1968 should be shown as **05111968**.

8. SEX **This is a mandatory field.** Sex is to be listed as **M** for Male and **F** for Female or **U** for Unknown.

9. RACE

This is a mandatory field. Race is to be listed by placing an individual into one (1) of the following categories by writing the appropriate letter in the space provided.

- W** - White
- B** - Black
- I** - American Indian or Alaskan Native
- A** - Asian or Pacific Islander
- U** - Unknown if unsure or unable to determine

10-14. Boxes 10 through 14 are not mandatory, however when entered, they must follow the below formats:

10. HEIGHT Indicate the subject's height in feet and inches numerically.
Example: 6'01' = 601, 6'11" = 611, 6' = 600

11. WEIGHT Indicate the subject's weight in pounds numerically.
Example: 168 or 098

12. EYES List the subject's eye color by placing one (1) of the following eye color codes in the space provided:

- | | | |
|-------------------|-------------------|---------------------|
| BLK —Black | GRY —Gray | MAR —Maroon |
| BLU —Blue | GRN —Green | PNK —Pink |
| BRO —Brown | HAZ —Hazel | XXX —Unknown |

13. HAIR Color of hair should be indicated by writing one (1) of the following color codes in the space provided:

- BAL** - Bald (when subject has lost most of his hair or is hairless)
- BLK** - Black
- BLN** - Blond or Strawberry
- BRO** - Brown
- GRY** - Gray or partially
- RED** - Red or Auburn
- SDY** - Sandy

14. PLACE OF BIRTH Indicate the city and state where the subject was born. The state should be indicated by the two letter abbreviation.
Example: Boston, MA

AUTHORITY FOR RELEASE OF INFORMATION

I authorize the North Carolina Department of Public Safety through THE STATE BUREAU OF INVESTIGATION to perform a fingerprint search of the State's criminal history record file and, if applicable, a fingerprint search of the FEDERAL BUREAU OF INVESTIGATION'S files for a national criminal history record check in connection with my application for employment, or my employment with NC BOARD OF DIETETICS AND NUTRITION pursuant to Board of Dietetics and Nutrition - NCGS 90-357.6.

(Type or print clearly)

Last Name	First	Middle	Maiden
_____	_____	_____	_____
Social Security Number (Optional*)	Date of Birth	Sex	Race
_____	_____	_____	_____

I understand that the North Carolina State Bureau of Investigation and its officials and employees shall not be held legally accountable in any way for providing this information to the above named agency, and I hereby release said agency and persons from any and all liability which may be incurred as a result of furnishing such information. I further understand that the agency cannot provide a HARD COPY of the results of this criminal history record check to me.

*Disclosure of social security number is entirely voluntary and not required. If disclosed, the social security number will be utilized to assist with accurate identification/exclusion of possible criminal history records.

By signing this form, I understand my rights to complete or challenge the accuracy of the information contained in the FBI identification record. The procedures for obtaining a change, correction, or update of an FBI identification record are set forth in Title 28, CFR, 16.34.

Applicant's/Employee's Signature

Date

This form must be maintained on file with the above named agency for one year. DO NOT MAIL THIS FORM OR A COPY OF THIS FORM TO THE STATE BUREAU OF INVESTIGATION.

Privacy Act Statement

This privacy act statement is located on the back of the [FD-258 fingerprint card](#).

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

Applicant Notification and Record Challenge

Your fingerprints will be used to check the criminal history records of the FBI. You have the opportunity to complete or challenge the accuracy of the information contained in the FBI identification record. The procedure for obtaining a change, correction, or updating an FBI identification record are set forth in Title 28, CFR, 16.34. You can find additional information on the FBI website at <https://www.fbi.gov/about-us/cjis/background-checks>.