

<b>APPLICANT</b>		LEAVE BLANK		TYPE OR PRINT ALL INFORMATION IN BLACK				LEAVE BLANK	
SIGNATURE OF PERSON FINGERPRINTED *		FIRST NAME NAM		MIDDLE NAME		LAST NAME		DOB	
RESIDENCE OF PERSON FINGERPRINTED *		ALIASES AKA		OR I		NCBC10000		DATE OF BIRTH DOB Month Day Year	
DATE		SIGNATURE OF OFFICIAL TAKING FINGERPRINTS		CITIZENSHIP CIT		ST BU OF INV		RALEIGH, NC	
EMPLOYER AND ADDRESS * AGENCY NAME (DO NOT ABBREVIATE) AND COMPLETE ADDRESS		YOUR NO. OCA NC0130100		FBI NO. FBI		LEAVE BLANK		PLACE OF BIRTH POB	
REASON FINGERPRINTED Precious Metal Permit State and Federal search NCGS 66-165		ARMED FORCES NO. MNU		SOCIAL SECURITY NO. SOC *		LEAVE BLANK		CLASS	
		MISCELLANEOUS NO. MNU						EEI	

**Sample Card for National Access**

Fill out every field that has an \*

***Copy what has been written in "Reason Fingerprinted"***

Your OCA No. is your ORI# as completed above.

Mail to: SBI/Applicant Unit  
PO Box 29500  
Raleigh, NC 27626-0500

**IMPORTANT: IF THE ABOVE INFORMATION IS NOT COMPLETED PROPERLY AND CLEARLY, YOUR REQUEST WILL BE RETURNED TO YOU.**

Note: 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.