

APPLICANT INFORMATION

Last Name: _____

Date of Birth: _____

First Name: _____

Place of Birth _____

Middle Name: _____

Residence: _____

Maiden Name: _____

Aliases: _____

Employer and Address:
NC Board of Dental Examiners
2000 Perimeter Park Dr. Ste. 160
Morrisville, NC 27560

Sex: Male _____ **Female** _____

Reason Fingerprinted:

Race: _____

NCGS 90-30- State and Federal Dental

(write the appropriate letter in the space provided)

Social Security Number: _____
(*Optional)

W – White, B – Black, I – American Indian,
A – Asian or Pacific Islander, U - Unknown

Your Case No. (OCA): **BODE0000**

Height: _____

Type of Transaction: **NFUF**
Non fed-User Fee

Weight: _____

NC FP Card Type: **DEN/OTH**
DENTAL OR OTHER

Eye Color: _____

(write the appropriate letters in the space provided)

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

Hair Color: _____

(write the appropriate letters in the space provided)

BAL – Bald BLK – Black BLN – Blonde or Strawberry
BRO – Brown GRY – Gray or partially
RED – Red or Auburn SDY - Sandy

*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.