

**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:**  
**NCGS 90-224- State and Federal  
Dental Hygiene**

**Race:** \_\_\_\_\_

(write the appropriate letter in the space provided)

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

**Social Security Number:** \_\_\_\_\_  
(\*Optional)

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.