

APPLICANT

* See Privacy Act Notice on Back

FD-258 (Rev. 10/31/2023)

110-0046 (Exp. 05/31/2028)

LEAVE BLANK

LAST NAME

NAM

COX

TYPE OR PRINT ALL INFORMATION IN BLACK

FIRST NAME

JAMIESON

MIDDLE NAME

FBI

LEAVE BLANK

SIGNATURE OF PERSON FINGERPRINTED

ALIASES AKA

O

RUSINQD09Z

I

RESIDENCE OF PERSON FINGERPRINTED

1455 WEST AVE
901
MIAMI BEACH, FL 33139

DATE OF BIRTH

Month Day Year
09 06 1988

DOB

CITIZENSHIP CTZ
US

SEX
M

RACE
W

HGT.
604

WGT.
184

EYES
BLU

HAIR
BRO

PLACE OF BIRTH
OH

POB

DATE SIGNATURE OF OFFICIAL TAKING FINGERPRINTS

06/10/2026

YOUR NO. OCA
257792253

LEAVE BLANK

EMPLOYER AND ADDRESS

UNIVERSAL CONTROL NO. UCN

CLASS _____

REASON FINGERPRINTED

OTHER

SOCIAL SECURITY NO. SOC

REF. _____

MISCELLANEOUS NO. MNU



1. R. THUMB



2. R. INDEX



3. R. MIDDLE



4. R. RING



5. R. LITTLE



6. L. THUMB



7. L. INDEX



8. L. MIDDLE



9. L. RING



10. L. LITTLE



LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY



L. THUMB



R. THUMB



RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY