

APPLICANT

* See Privacy Act Notice on Back

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

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

LEAVE BLANK

TYPE OR PRINT ALL INFORMATION IN BLACK
LAST NAME **NAM** FIRST NAME **SELIM** MIDDLE NAME
ABUAUD WEBER **HECTOR SR**

FBI LEAVE BLANK

SIGNATURE OF PERSON FINGERPRINTED

ALIASES AKA

O
RUSINQD09Z
I

RESIDENCE OF PERSON FINGERPRINTED

16699 COLLINS AVENUE
802
SUNNY ISLES BEACH, FL 33160

DATE OF BIRTH **DOB**
Month Day Year
04 14 1972

DATE SIGNATURE OF OFFICIAL TAKING FINGERPRINTS

06/12/2026

CITIZENSHIP **CTZ**
CQ

SEX
M

RACE
W

HGT.
601

WGT.
182

EYES
BRO

HAIR
BAL

PLACE OF BIRTH **POB**
CQ

EMPLOYER AND ADDRESS

YOUR NO. **OCA**
021173918

UNIVERSAL CONTROL NO. **UCN**

ARMED FORCES NO. **MNU**

SOCIAL SECURITY NO. **SOC**

MISCELLANEOUS NO. **MNU**

LEAVE BLANK

CLASS _____

REF. _____

REASON FINGERPRINTED

PERSONAL REVIEW



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