NCMB APPLICANT INFORMATION FORM

Last Name: _____

First Name: _____

Middle Name: _____

Maiden Name: _____

Aliases: _____

_____

Sex: _____

Race: _____

(write the appropriate letter in the space provided)

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

Height: _____

Weight: _____

Eye Color: _____

(write the appropriate letter 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 letter in the space provided)

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

Date of Birth: _____

Place of Birth: _____

Residence: _____

_____

Employer and Address:

_____

_____

NC Medical Board
PO Box 20007 Raleigh, NC 27619

Reason Fingerprinted; _____

NCGS 90-11-State and Federal

Your Case No. (OCA): **BOME00000**

Type of Transaction: ' .1"FI.JF.'

Non fed-User Fee _____

NC FP Card Type: **BOME**