

dentoGO New Jersey Universal Fingerprint Form

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			T (2) 2		Transaction to			
(1) Originating Agency Number (ORI #) NJ920540Z			(2) Categor	у	(3) Statute Numbe 30:6D-64	(3) Statute Number 30:6D-64		
(4) Reason for Fingerprinting HUMAN SERVICES PRIVATE CONTRACTOR					(5) Document Type RB2		(6) Payment Information BILL STATE AGENCY	
(7) Contributor's Case # (Unique Identifier) PC 1 1 1 1					(8) Miscellaneous			
(9) First Name		(10) MI		(11) Last Name				
(12) Daytime Phone Number () -		(13) Social Securit	curity Number (Optional)		(14) Date of Birth	(15) Height	(16) Weight	
(17) Maiden or Alias Last Name		(18) Place of Birth (US State if US Citizen; Countr			ntry for all others)	(19) Co	ountry of Citizenship	
(20) Home Address								
Address		City			State Zip			
(21) Gender (Select one) [] Female [] Male [] Both	(22) Hair Color		(23) Eye Color		(24) Race (Select One) [A] Asian/ Pacific Islander (includes Asian Indian) [B] Black [I] American Indian / Alaska Native [W] White (Includes Hispanic/ Spanish Origin) [U] Unknown			
(25) Occupation / Position (with respect to Requirement)	to (26) Employer / Organization Name (with respect to Requirement) Matheny School Employer Address PO Box 339 City Peapack State NJ Zip 07977							
Identification Requirement - Acceptal that is current (not expired). A combination Address (home/Issuing agency) and Date purposes. Examples of acceptable ID are Resident ID Card (issued after 5/10/2010)	on of doc of Birth. a: 1) Valid	uments will not be a Acceptable ID mus d U.S. State Photo I	accepted. The st be issued by Driver's Licens	single docun y a Federal, S e/ Non Driver	nent must include the State, County or Munion's License, 2) U.S. Pa	following cri cipal entity fo	teria: Photo, Name, or identification	

Please READ This Form Carefully:

Follow all of the instructions provided by your agency/employer to complete the fingerprint process. You must have this form (Blocks 1 through 26) completed prior to scheduling your fingerprint appointment via the website or call center. PLEASE PRINT LEGIBLY. It is required that you present this completed Universal Fingerprint Form, IDG_NJAPP_051719_V1, at your scheduled appointment.

Appointment Scheduling:

Scheduling is available anytime at www.bioapplicant.com/nj. Appointments may also be scheduled through our Call Center. English and Spanish speaking agents are available at 1-877-503-5981, Monday through Friday, 8:00AM to 5:00PM EST and Saturday, 8:00AM to 12 Noon EST.

Payment:

When an applicant is responsible for payment, payment is required at the time of scheduling. The following forms of payment are accepted: Visa, MasterCard, American Express, Discover and prepaid debit cards, or electronic debit (ACH) from a checking account. Accounts will be debited immediately.

Appointments may be canceled or rescheduled via the website or the call center before the deadline of 5PM EST the business day prior to the scheduled appointment (Saturday Noon for Monday appointments). An appointment fee of \$12.00 plus tax (\$12.80) will be incurred by applicants who do not cancel/reschedule their appointment prior to the deadline. Idemia Identity & Security will refund the remainder of the fee paid (state/federal search fees) to the original payment method.

Unable to be Fingerprinted:

An applicant is considered "Unable to be Fingerprinted" for any of the following reasons: Failure to appear for scheduled appointment, inability to present proper identification, inability to present this completed Universal Fingerprint Form IDG_NJAPP_051719_V1, or the information on this form does not exactly match the information provided during the scheduling process. Applicants unable to be fingerprinted will incur a \$12.00 plus tax (\$12.80) appointment fee. Idemia Identity & Security will refund the remainder of the fee paid (state/federal search fees) to the original payment method.

PCN and Receipts:

Upon the completion of fingerprinting, you will be assigned a PCN number. The PCN will be recorded on this form and on your receipt. Idemia Identity & Security will not provide duplicate receipts, PCN Numbers or any appointment/printing information after the time of printing.

Applicant ID Number:	Payment Authorization:	PCN:
Scheduled Day & Date:	Scheduled Time:	Scheduled Site:
Agency Information: STATE AND FEDERAL BA	CKGROUND CHECK	

You **MUST** retain a copy of this form and the receipt of printing for your personal records.