

|   |  |   |                                 |  |  |
|---|--|---|---------------------------------|--|--|
| (1) Originating Agency Number (ORI #)<br><b>NJ920610Z</b>   |  | (2) Category<br><b>YSB</b>                                      |                                 | (3) Statute Number<br><b>15A:3A-1</b>  |  |
| (4) Reason for Fingerprinting<br><b>YOUTH SERVING ORGANIZATION VOLUNTEER</b>  |  |   | (5) Document Type<br><b>VB1</b> |  | (6) Payment Information<br><b>\$21.91</b>                            |
| (7) Contributor's Case # (Unique Identifier)<br><b>F10001</b>   |  |   |                                 | (8) Miscellaneous  |  |
| (9) First Name  |  | (10) MI   | (11) Last Name                  |  |  |
| (12) Daytime Phone Number<br>( ) -  |  | (13) Social Security 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; Country for all others) |
| (19) Country of Citizenship   |  |   |                                 |  |  |
| (20) Home Address   |  |   |                                 |  |  |
| Address   |  | City  |                                 | State  | Zip  |
| (21) Gender (Select one)<br>[ ] Female<br>[ ] Male<br>[ ] Both  |  | (22) Hair Color   | (23) Eye Color                  | (24) Race (Select One)<br>[ A ] Asian/ Pacific Islander (includes Asian Indian)<br>[ B ] Black<br>[ I ] American Indian / Alaska Native<br>[ W ] White ( Includes Hispanic/ Spanish Origin)<br>[ U ] Unknown |  |
| (25) Occupation / Position (with respect to Requirement)  |  | (26) Employer / Organization Name (with respect to Requirement) |                                 |  |  |
|   |  | Employer Address  |                                 |  |  |
|   |  | City  |                                 | State  | Zip  |
| <p><b>Identification Requirement</b> - Acceptable Identification must be presented at the <u>time of printing</u>. Identification presented MUST be one (1) document that is current (not expired). A combination of documents will not be accepted. The single document must include the following criteria: Photo, Name, Address (home/employer), Date of Birth. Acceptable ID must be issued by a Federal, State, County or Municipal entity for identification purposes. Examples of acceptable ID are: 1) Valid U.S. State Photo Driver's License/ Non Driver's License, 2) U.S. Passport, 3) USCIS Permanent Resident ID Card (issued after 5/10/2010), and 4) USCIS Employment Authorization Card (issued after 10/31/2010).</p> |  |   |                                 |  |  |

**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\_020115\_V2, at your scheduled appointment.

**Appointment Scheduling:**

Scheduling is available anytime at [www.bioapplicant.com/nj](http://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.

**Cancel/ Reschedule:**

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 \$10.00 plus tax (\$10.66) will be incurred by applicants who do not cancel/reschedule their appointment prior to the deadline. MorphoTrust 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\_020115\_V2, 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 \$10.00 plus tax (\$10.66) appointment fee. MorphoTrust 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. MorphoTrust 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:   |                        |                 |

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

**APPLICANTS MUST NOT ALTER, SHARE, OR REUSE THIS FORM**