

# **New Jersey Universal Fingerprint Form**

https://uenroll.identogo.com/

**SERVICE CODE 2F1FTK** 

| (1) Originating Agency Number (ORI #) NJ920510Z   |  |  | (2) Category REK |                                       | (3) Statute Number <b>45:15-9</b> |                           |  |  |  |
|---|--|--|------------------|---------------------------------------|-----------------------------------|---------------------------|--|--|--|
| (4) Reason for Fingerprinting REAL ESTATE SALES/BROKERS/SALESPE   |  |  |                  | RSON                                  |                                   |                           | nt Type  | (6) Payment Information \$66.05                                  |  |
| (7) Contributor's Case # (Unique Identifier)  REBSL   |  |  |                  | (8) Miscellaneous SERVICE CODE 2F1FTK |                                   |                           |  |  |  |
| (9) First Name  |  | (10) MI (11) La  |                  | (11) Last N                           | Name                              | me                        |  |  |  |
| (12) Daytime Phone Number ( ) -   |  | (13) Social Security Number (Opt                           |                  | ional)                                | (14) Date of Birth                |                           | (15) Heigh   | nt (16) Weight   |  |
| 7) Maiden or Alias Last Name  |  | (18) Place of Birth (US State if US Citizen; Country for a |                  |                                       | ll others)                        | (19) C                    | Country of Citizenship                               |  |  |
| (20) Home Address   |  |  |                  |                                       |                                   |                           |  |  |  |
| Address   |  |  | City             |                                       | Sta                               | ate                       | Zip  |  |  |
| (21) Gender (Select one)  [ ] Female [ ] Male [ ] Both  | (22) Hai   | r Color  | (23) Eye Co      | lor                                   |                                   | Indian) [B] Black [I] Ame | n/ Pacific Ísl<br>k<br>erican Indian<br>e ( Includes | ander (includes Asian  / Alaska Native Hispanic/ Spanish Origin) |  |
| (25) Occupation / Position (with respect to Requirement)  | (26) Employer / Organization Name (with respect to Requirement) Employer Address |  |                  |                                       |                                   |                           |  |  |  |
|   | City   |  |                  |                                       | Stat                              | te 2                      | Zip  |  |  |
| Identification Requirement - Acceptable Identification must be presented at the time of printing. 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/Issuing agency) and 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 10/31/2011). |  |  |                  |                                       |                                   |                           |  |  |  |

# 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. <u>PLEASE PRINT LEGIBLY</u>. It is <u>required</u> that you <u>present</u> this completed Universal Fingerprint Form, IDG\_NJAPP\_051719\_V1, at your scheduled appointment.

## **Appointment Scheduling:**

Scheduling is available anytime at <a href="https://uenroll.identogo.com/">https://uenroll.identogo.com/</a>. 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 <u>before the deadline of 5PM EST</u> 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<br>Number:               | Payment<br>Authorization: | PCN:               |
|---------------------------------------|---------------------------|--------------------|
| Scheduled Scheduled Day & Date: Time: |                           | Scheduled<br>Site: |
| Agency Information:                   |                           |                    |

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