dentoGO New Jersey Universal Fingerprint Form

https://uenroll.identogo.com/ SERVICE CODE 2F1FTK

(1) Originating Agency Number (ORI #) NJ920510Z			(2) Category	(3) Statute Number 45:15-9			
(4) Reason for Fingerprinting REAL ESTATE SALES/BR	PERSON		(5) Document Type RB1		(6) Payment Information \$66.05		
(7) Contributor's Case # (Unique Identifier)			1.415		(8) Miscellar SERVI		DE 2F1FTK
(9) First Name		(10) MI		(11) Last Name			
(12) Daytime Phone Number () –			rity Number (Optio	onal) (14) Date	e of Birth	(15) Heigl	nt (16) Weight
(17) Maiden or Alias Last Name		(18) Place of Birt	h (US State if US	Citizen; Country for a	ll others)	(19) (Country of Citizenship
(20) Home Address							
Address			City	Sta	ate	Zip	
(21) Gender (Select one) [] Female [] Male [] Both	(22) Hair	Color	(23) Eye Cold	or	Indian) [B] Black [I] Ame	N Pacific Is R rican Indiar e (Includes	lander (includes Asian n / Alaska Native Hispanic/ Spanish Origin)
(25) Occupation / Position (with respect to Requirement)	(26) Employer / Organization Name (with respect to Requirement) Employer Address						
	City			Stat	e :	Zip	
<u>Identification Requirement</u> - 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 docu of Birth. e: 1) Valid	ments will not be Acceptable ID m U.S. State Photo	accepted. The s ust be issued by Driver's License	single document mus a Federal, State, Co / Non Driver's Licen	st include the ounty or Munic se, 2) U.S. Pa	following c cipal entity	riteria: Photo, Name, for 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. <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 <u>https://uenroll.identogo.com/</u>. 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 Number:	Payment Authorization:	PCN:	PCN:		
Scheduled Day & Date:	Scheduled Time:	Scheduled Site:			
Agency Information:	22				

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

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