



## STATE OF NEW JERSEY

### TO ALL COMMERCIAL BUS AND LIMOUSINE DRIVERS THAT HOLD A PASSENGER P ENDORSEMENT ON THEIR CDL **NOT FOR SCHOOL BUS OR HAZMAT DRIVERS**

The Motor Vehicle Commission has commenced a live fingerprint scanning initiative to streamline Criminal background checks required for commercial operators transporting passengers for hire. The successful completion of a criminal background check is a legal requirement as a condition for licensure. Therefore, as part of your application and issuance process, it is required that all potential applicants schedule an appointment with the states fingerprint vendor IdentoGo (MorphoTrust USA).

To schedule an appointment you need to call the toll free number **1-877-503-5981** and make an appointment to have your fingerprints scanned at an established site. You may also schedule your appointment via the Internet at IdentoGo's web site [www.bioapplicant.com/nj](http://www.bioapplicant.com/nj). **ONLY CALL THIS NUMBER OR VISIT THIS WEB SITE IF YOU NEED TO SCHEDULE FINGERPRINTING FOR A PASSENGER ENDORSEMENT.** Please complete the applicant information on the back of this letter. Though certain information is already filled in, you will need to supply the requested information in blocks 7 thru 26. Block 7 is your driver license number which will be used as your Agency Case Number. Blocks 9, 10 and 11 is your name which must appear as it does on your driver license. Please have this form completed and present it along with the proper identification as noted on the back of this letter.

In addition when you schedule your appointment you will be asked to provide the following internal identification numbers.

<b>ORIGINATING AGENCY REFERRAL NUMBER (ORI)</b>	<b>NJ 920530Z</b>
<b>AGENCY CASE NUMBER</b>	<b>Your DL #</b>
<b>CATEGORY</b>	<b>MVS</b>
<b>DOCUMENT TYPE</b>	<b>RS 1</b>
<b>STATUTE</b>	<b>39:3-10.1 SPECIAL LICENSE PASSENGER FOR HIRE</b>

After supplying this information you will be required to make payment of \$50.69 to cover all required background checks and vendor fees. Only after payment is made will you be scheduled for an appointment at one of the electronic scan sites. Visa, MasterCard or money orders are acceptable forms of payment. No cash or personal checks will be accepted. If paying by credit card, you will receive you scheduled time and place for fingerprinting immediately. If paying by money order, your time and place will be scheduled only after IdentoGo receives your mailed in payment. Please make money orders out to IdentoGo.

**Please note: School bus and HazMat drivers are required to comply with different fingerprint procedures and notices issued by the Department of Education and the Transportation Security Administration. In addition fingerprint-scanning fees differ between School Bus, Commercial Bus and HazMat Drivers. Also, all Limousine Drivers must be fingerprinted under NJSA 48:16-22.3A. Failure to present the proper form or pay the appropriate fee would require the applicant to submit to an additional background check and another fee payment. Please be sure you have the correct fingerprint application form. No refunds will be issued if the incorrect fingerprint application is used.**

If you have any questions concerning this procedure, please contact the Motor Vehicle Commission Commercial Bus Unit at 609-292-7500 ex 5039.

**IMPORTANT: PLEASE BRING THIS LETTER AND PHOTO IDENTIFICATION WITH YOU WHEN YOU APPEAR TO BE FINGERPRINTED AT YOUR SCHEDULED TIME. AT THAT TIME YOU WILL RECEIVE A RECEIPT FROM THE STATE VENDOR. PLEASE BRING THIS RECEIPT OR COPY THEREOF WITH YOU TO A MVC AGENCY WHEN APPLYING FOR A CDL PASSENGER ENDORSEMENT. REMEMBER THIS FORM IS ONLY TO BE USED FOR FINGERPRINTING TO RECEIVE A PASSENGER ENDORSEMENT.**

(1) Originating Agency Number (ORI #) <b>NJ920530Z</b>		(2) Category <b>MVS</b>	(3) Statute Number <b>39:3-10.1</b>		
(4) Reason for Fingerprinting <b>SPECIAL LICENSE/PASSENGER FOR HIRE</b>			(5) Document Type <b>RS1</b>	(6) Payment Information <b>\$50.69</b>	
(7) Contributor's Case # (PRINT D.L. NUMBER ON DOTTED LINE) -----			(8) Miscellaneous		
(9) First Name		(10) MI	(11) Last Name		
(12) Daytime Phone Number ( ) -		(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) <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Both		(22) Hair Color	(23) Eye Color	(24) Race (Select One) <input type="checkbox"/> A Asian/ Pacific Islander (includes Asian Indian) <input type="checkbox"/> B Black <input type="checkbox"/> I American Indian / Alaska Native <input type="checkbox"/> W White ( Includes Hispanic/ Spanish Origin) <input type="checkbox"/> U Unknown	
(25) Occupation / Position (with respect to Requirement)		(26) Employer / Organization Name (with respect to Requirement)			
		Employer Address			
		City		State	Zip
<b>Identification Requirement</b> - 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 and is 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).					

**Please READ this form carefully**

and 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** 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, 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 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; 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 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**