NEW JERSEY MOTOR VEHICLE COMMISSION DEALER ONLINE SERVICE PROGRAM

INSTRUCTIONS FOR COMPLETING THE MORPHOTRAK FINGERPRINT FORM NO.NJAPS2, VERSION 4.0

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THE FORM. YOU MUST PRESENT THE COMPLETED FORM AND AN ACCEPTABLE FORM OF ID AT YOUR APPOINTMENT TO BE FINGERPRINTED. ACCEPTABLE FORMS OF ID INCLUDE A VALID NEW JERSEY PHOTO DRIVERS LICENSE OR A PASSPORT.

An applicant can obtain the required Fingerprint Form - *NJAPS2 Version 4.0* - from their Employer's Online Service Provider - TriVIN/GSS or CVR. Portions of this form (items 1–6 and item 8) are pre-filled with information specific to the New Jersey Motor Vehicle Commission. Beginning with item 7 each applicant can complete all required information as described below.

- 7. Contributors Case # Please print your last name on the line following 'DOSP'. If your last name is more than 11 characters, then just include the first 11 characters.
- 9, 10 & 11. Use capital (uppercase) letters to print your first name, middle initial and last name.
- 12. Print your daytime area code and Telephone Number.
- 13. Print your Social Security Number.
- 14, 15 & 16. Print your Date of Birth, Height and Weight.
- 17. Females applicants: If married, please print your Maiden Name.
- 18. Print your Place of Birth.
- 19. Print your Country of Citizenship.
- 20. Print your complete Home Address.
- 21. Gender: Circle the appropriate gender listing.
- 22. Hair color: Only list the most predominate hair color.
- 23. Print your Eye color.
- 24. Race: only select one category.
- 25. Print your Occupation.
- 26. Print Employer's Name and Address. This is mandatory.

AFTER COMPLETING THE FORM:

Appointment Scheduling: Each applicant can access the MorphoTrak website (www.bioapplicant/NJ) or contact its Call Center at (877) 503-5981 to schedule an appointment. Payment is collected at this time.

An Applicant ID number and a PCN number will be assigned to you. Please record this information in the appropriate boxes on the bottom of your form.

Report for fingerprinting at the scheduled site and time.

The Universal Form MUST BE PRESENTED AT THIS TIME. Applicants who do not have the correct Universal Form with them will not be processed and may incur an additional fee. Applicants with non-compliant identification are not processed.

Fingerprints are captured electronically. The PCN is recorded on the Universal Fingerprint Form & each applicant is given a receipt. Each Fingerprint record is transmitted to the New Jersey State Police for required State and Federal searches.

Fingerprint search results are returned to the New Jersey Motor Vehicle Commission. All records are reviewed but are not shared or released.

In order to avoid delays and approvals which will permit you to continue to have access to Motor Vehicle Commission records, please fax or mail your completed application form and your receipt to the Motor Vehicle Commission within three days of your MorphoTrak appointment.

Fax number: (609) 341-2732

Mailing address:

New Jersey Motor Vehicle Commission Project Manager, DOSP Business and Government Services PO Box 122 225 East State Street Trenton, NJ 08666-0122



Formerly Sagem Morpho Inc

(1) Originating Agency Number (ORI #)		(2) Cate	egory		(3) Statute Number		
NJ920530Z		MVH	<		39:2A-32		
(4) Reason for Fingerprinting					(5) Document Typ	e (6) Payment Information	
MV COMMISSION EMPLOYMENT					RB1	\$67.50	
(7) Contributor's Case # (ENTER LAST NAME BELOW)					(8) Miscellaneous		
<u>DO</u>					DEALER ONLINE SERVICE PROGRAM		
(9) First Name		(10) MI	(11) Last N	ame			
(12)Daytime Phone Number (13)		ocial Security	(14) Date of Birth		(15) Height	(16) Weight	
() -	11441115						
(17) Maiden Name (if married female)		` '	e of Birth (U.s	S. State –for US C	itizen; (19) Co	untry of Citizenship	
(20) Home Address		1			-		
Address			City			tate Zip	
	(22) Hair Color (Indicate most predominant color, one only)			(24) Race (Select One) A Asian/ Pacific Islander (includes Asian Indian) B Black W White (Includes Hispanic/ Spanish Origi U Unknown I American Indian / Alaska Native			
(25) Occupation (26) Em	nployer (Name)						
Employ	yer Address						
City	AD THIS EOD& O	ADEELILY	AND FOLLO	NA ALL INICTO	State State	Zip	

<u>APPLICANT INFORMATION</u> – READ THIS FORM CAREFULLY AND FOLLOW ALL INSTRUCTIONS TO COMPLETE THE FINGERPRINT PROCESS. You <u>MUST present this completed form</u> at your appointment to be <u>FINGERPRINTED</u>. NO EXCEPTIONS ALLOWED. Applicants without forms or with incomplete forms will not be printed.

IDENTIFICATION IS REQUIRED- ACCEPTABLE ID REQUIREMENTS —ID MUST include Photo, Name, Address (Home/ Employer) 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 Photo Drivers License or Valid Photo ID issued by any State DMV or NJ MVC, 2) Passport. Acceptable ID MUST meet all of the underlined requirements above and MUST be present on one (1) ID. Combinations of documents are NOT acceptable. If acceptable ID is not presented you will not be fingerprinted.

For applicants who are required to pay for their own fingerprinting fees, payment is required at the time of scheduling. Payment may be made with a credit card or electronic debit from a checking account. Remember your account will automatically be debited. An \$11 fee is charged to cover the cost of a scheduled appointment for applicants who do not cancel/reschedule by noon on the business day prior to your scheduled appointment (Saturday noon for Monday appointments). All appointments can be canceled/rescheduled via the web without penalty if cancellation requirements are met. The \$11 fee will also apply for applicants who are turned away from the printing sites due to the inability to present proper ID, who fail to present this completed Universal Fingerprint Form provided to you by your requesting agency or employer, or who are turned away because information on this form does not match the information provided during the scheduling process. You will be refunded State and Federal search fees only.

Appointment scheduling is available via the web at **www.bioapplicant.com/nj**, 24 hours per day, 7 days per week. For applicants who do not have web access, appointments can be made by contacting us toll free at **(877) 503-5981** on a first call, first served basis Monday through Friday, 8:00 AM to 5:00 PM EST and Saturday, 8:00 AM to 12 noon EST. English and Spanish speaking operators are available. Hearing impaired scheduling is available at (800) 673-0353. ONLY applicants who schedule through the call center can make payment by money order at the fingerprint site. No other form of payment is accepted at the fingerprint site.

Your APPLICANT ID, Site, Date, Time of your appointment, and payment authorization will be confirmed by the call center agent or web confirmation when scheduling is complete. You must record this information in the appropriate blocks below while speaking with the operator. If you appear for fingerprinting at a site where you are not scheduled or on a different date and time, you will be turned away and not fingerprinted. If applicable, you may incur the \$11 appointment fee.

Your PCN number will be recorded when your fingerprinting has been completed. You MUST retain a copy of the form and a copy of the receipt provided to you by the Fingerprint Technician for your records. NO RECEIPTS WILL BE PROVIDED AFTER THE DATE OF PRINTING.

Applicant ID No.	Scheduled Site/ Date/ Time		PYMT Authorization	PCN		
Agency Information #1		Ag	Agency Information #2			

APPLICANTS MUST NOT ALTER, SHARE, OR REUSE THIS FORM

FORM NO. NJAPS2, Version 4.0 September 1, 2009