MorphoTrak
SAFRAN Group

www.bioapplicant.com/nj

Formerly Sagem Morpho Inc

(1) Originating Agency Number (ORI #)	(2) Category	(3) Statute Number	
NJ920660Z	PDK	45:19-11	
(4) Reason for Fingerprinting		(5) Document Type	(6) Payment Information
PRIVATE DETECTIVE LICENSING		RB1	$70.25
(7) Contributor's Case # (Unique Identifier)		(8) Miscellaneous	
AGENCY LICENSE #_____			

(9) First Name	(10) MI	(11) Last Name		
(12)Daytime Phone Number ( ) -	(13) Social Security Number	(14) Date of Birth	(15) Height	(16) Weight
(17) Maiden Name (if married female)	(18) Place of Birth (U.S. State –for US Citizen; Country for all others)	(19) Country of Citizenship		
(20) Home Address Address City State Zip				
(21) Gender (Select one) Male ( ) Female ( ) Both ( )	(22) Hair Color (Indicate most predominant color, one only)	(23) Eye Color	(24) Race (Select One) A Asian/ Pacific Islander (includes Asian Indian) B Black W White (Includes Hispanic/ Spanish Origin) U Unknown I American Indian / Alaska Native	
(25) Occupation	(26) Employer (Name) Employer Address City State Zip			

APPLICANT INFORMATION – READ THIS FORM CAREFULLY AND FOLLOW ALL INSTRUCTIONS TO COMPLETE THE FINGERPRINT PROCESS. You MUST present this completed form at your appointment to be FINGERPRINTED. 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		Agency Information #2	

APPLICANTS MUST NOT ALTER, SHARE, OR REUSE THIS FORM