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| (1) Originating Agency Number (ORI #) NJ920610Z | | (2) Category YSB | (3) Statute Number 15A:3A-1 | | |
| (4) Reason for Fingerprinting YOUTH SERVING ORGANIZATION VOLUNTEER | | | (5) Document Type VB1 | (6) Payment Information \$21.44 | |
| (7) Contributor's Case # (Unique Identifier) CAM174 | | | (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) Our Lady of Mount Carmel Regional School Employer Address: Cedar Avenue City Berlin State NJ Zip 08009 | | | |
| 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/employer), 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 10/31/2010). | | | | | |

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. **PLEASE PRINT LEGIBLY.** It is **required** that 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. 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 **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 plus tax (\$10.69) 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, 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 \$10.00 plus tax (\$10.69) 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.

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|-----------------------|------------------------|-----------------|
| 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