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SARAN Group			SIM MINAR
(1) Originating Agency Number (ORI #)	(2) Category	(3) Statute Number	
NJ920610Z	YSB	15A:3A-1	
(4) Reason for Fingerprinting	·	(5) Document Type	(6) Payment Information
YOUTH SERVING ORGANIZATI	ON VOLUNTEER	VB1	\$26.25
(7) Contributor's (6 Character VRN#)		(8) Miscellaneous	

Sagem Morpho Inc.

** Important: Please see Acc	ceptable ID Requirem	ents below	/**						
(9) First Name	<u></u>		(10) MI	(11)	Last N	ame			
(12)Daytime Phone Numbe	er	(13) Socia Number	al Security		(14) Da	ate of Birth	(15) H	leight	(16) Weight
(17) Maiden Name (if marri	ed female)		(18) Plac Country			ate if US Citizen –)		(19) Country of	Citizenship
(20) Home Address									
Address				City	,			State	Zip
(21) Gender (Select one)	(22) Hair Color (Ind		(23) E	ye Co	lor	(24) Race (Select	One)		
Male	predominant color,	one only)				A Asian/ Pac	ific Isl	ander (includes	s Asian Indian)
Female						B Black	w	White (Include	s Hispanic/Spanish Origin)
Both						U Unknown		I American In	dian / Alaska Native
(25) Occupation	(26) Employer (Nan	ne)							
	Employer Address								
	City							State	Zip

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

<u>ACCEPTABLE ID REQUIREMENTS</u> –<u>ID MUST include Photo, Name, Address (Home/ Employer) and Date of Birth.</u> Acceptable ID <u>MUST</u> 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 <u>MUST</u> meet all of the underlined requirements above and <u>MUST</u> be present on one (1) ID. Combinations of documents are <u>NOT</u> acceptable. <u>If acceptable ID is not presented you will not be fingerprinted</u>.

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	ency Information #2	

APPLICANTS MUST NOT ALTER, SHARE, OR REUSE THIS FORM