



# **New Jersey Motor Vehicle Commission**

Business Licensing Services Bureau  
P.O. Box 172, Trenton, NJ 08666-0172  
(888) 486-3339 ext. 5014 toll-free in NJ  
609-292-6500 ext. 5014  
mvcblscorrespondence@dot.state.nj.us

STATE OF NEW JERSEY

## Fingerprint Request Notification

In accordance to regulatory requirements, it is mandated that all persons identified in the initial business application (proprietors, partners, corporate officers, applicants, providers, instructors and driving school authorized agents) undergo a live scan criminal background check by the state approved vendor. Submission of your initial business application authorizes the Commission's Business Licensing Bureau to request and receive criminal background check results.

Upon receipt of this notification, each person identified will be mailed a fingerprint application and instructional sheet. Once fingerprinted, the receipt and fingerprint application for each person listed must be forwarded to MVC, as proof of completion. The processing of your business application will not begin until all receipts are received.

Complete the attached Fingerprint Request Notification Form listing each person identified in the business application. If an e-mail address is provided, the documents will be e-mailed to those individuals, otherwise it will be mailed.



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STATE OF NEW JERSEY

## Fingerprint Request Notification Form

Business Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Clearly PRINT the following information for all persons identified in the initial business application ( all proprietors, partners, corporate officers, applicants, providers, instructors and driving school authorized agents)**

Applicant Full Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Applicant Full Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Applicant Full Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Copy and submit additional sheets if needed