

New Jersey Universal Fingerprint Form

www.bioapplicant.com/nj

(1) Originating Agency Number (ORI #) NJ920660Z			(2) Category PDK		(3) Statute Number 45:19-11				
(4) Reason for Fingerprinting PRIVATE DETECTIVE LICENSING				<u></u>		(5) Document Type RB1		(6) Payment Information \$58.66	
(7) Contributor's Case # (Unique Identifier) AGENCY LICENSE #					(8) Miscellaneous OUT-OF-STATE USE ONLY				
(9) First Name		(10) MI (11)		(11) Last Nar	st Name				
(12) Daytime Phone Number () -		(13) Social Security Number (Opt		ional) (4) Date of Birth		(15) Height		(16) Weight
(17) Maiden or Alias Last Name		(18) Place of Birth (US State if US Citizen; Countr			try for all othe	(19) Country of Citizenship			
(20) Home Address									
Address	City			State	State Zip				
 (21) Gender (Select one) [] Female [] Male [] Both 	(22) Hair Color		(23) Eye Color		 (24) Race (Select One) [A] Asian/ Pacific Islander (includes Asian Indian) [B] Black [I] American Indian / Alaska Native [W] White (Includes Hispanic/ Spanish Origin) [U] Unknown 				
(25) Occupation / Position (with respect to Requirement)	(26) Employer / Organization Name (with respect to Requirement) Employer Address								
	City State Zip								
Identification Requirement - Acceptable Identification must be presented at the <u>time of printing</u> . 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).									

FOR USE BY OUT-OF-STATE RESIDENTS ONLY

(1) The applicant must fill out blocks 9 through 26 of this Out-of-State Universal Form.

(2) The applicant should contact his/her local police department or other law enforcement agency (or embassy) to make an appointment to be fingerprinted on the state applicant fingerprint card. The fingerprint card will list the purpose of the record check and include all of the applicant's data, i.e. applicant's full name, date of birth, social security number, etc. The agency performing the fingerprinting must positively identify the applicant and ensure that his/her signature is properly entered on the fingerprint card.

(3) There is a required fee of **\$58.66**, made payable to **MorphoTrust.** Acceptable methods of payment are certified check or money order. **Personal checks will not be accepted.** International certified checks or money orders must be drawn on a U.S. Bank.

(4) Return the completed prints, all forms, and proper payment to the agency that issued the Out-of-State Packet to the applicant.

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.