



NEW YORK STATE  
DEPARTMENT *of*  
FINANCIAL SERVICES

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## FINGERPRINTING PROCEDURE FOR OFFICERS/DIRECTORS OF INSURANCE COMPANIES

In accordance with this Department's standard procedure, fingerprinting is required for all officers/directors of insurance companies in connection with the customary background investigations conducted by our Consumer Assistance Unit.

**Officers/directors who have any address in New York State must be electronically fingerprinted.** Paper fingerprint cards will not be accepted from an officer/director with any address in New York. The New York State Division of Criminal Justice Services ("DCJS") has a contractual agreement with MorphoTrust USA to provide electronic fingerprint processing services on a statewide basis for all individuals requiring a criminal background check. Appointments for Live Scan digital fingerprinting may be scheduled through Identogo by MorphoTrust USA utilizing their link, [www.Indentogo.com](http://www.Indentogo.com), or by calling 877-472-6915. Payment options for the required **\$99.00** fingerprint fee (DCJS search fee of \$75.00, FBI search fee of \$12.00 and MorphoTrust USA processing fee of \$12.00) may also be obtained through the above website and telephone number. Please refer to the attached document for the information which must be furnished at the time of the electronic fingerprinting appointment. When biographical affidavits for officers/directors are submitted to the NYSDFS, the receipts issued by MorphoTrust USA as verification of having been electronically fingerprinted must be attached.

**Officers/directors who do not have any address in New York State and are unable to go to a MorphoTrust USA electronic fingerprinting location in New York** (for a list of electronic fingerprinting locations, go to [www.Indentogo.com](http://www.Indentogo.com)) are required to send the following to the NYSDFS: A biographical affidavit, two fingerprint cards (blue FBI Form FD-258), a NYS Request for Card Scan Services Information Form (Form NYSIDCSFP, attached) and a fingerprint fee in the amount of **\$99.00** (see Form NYSIDCSFP for payment options). Only the FBI Form FD-258 fingerprint card may be used; any other type of fingerprint card will not be accepted and will be returned. NOTE: If a NYS Request for Card Scan Services Information Form is not fully completed and signed or if the identifying information entered on the form is not exactly the same as the identifying information given on the fingerprint cards, Form NYSIDCSFP, the fingerprint cards and fee will be returned to the sponsoring company for correction.

For any questions concerning this information, please contact the Officer and Director Processing Unit at (518) 473-9299.

January 2017

# Request for NYS Electronic Fingerprinting Services - Information Form

**Instructions for applicant: Visit [www.Identogo.com](http://www.Identogo.com) or call 877-472-6915 to schedule an appointment for fingerprinting. You will be required to provide all the information on this form and bring the required forms of identification to your fingerprinting appointment.**

**ORI: NY921270Z**

Contributor Agency: NEW YORK STATE DEPT. OF FINANCIAL SERVICES  
One Commerce Plaza, Albany, NY 12257

Job or License Type: Choose one from below:

- Employee Applicant
- Public/Independent Adjuster
- Professional Bondsman/Charitable Bail Organization
- Life Settlement Broker
- Life Settlement Intermediary
- Life Settlement Provider
- Princ, Exec, Dir Ins Co (provide name of insurance company)

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**\*\*IMPORTANT\*\***

**If you do not have a Social Security Number, you must contact the NYS Dept. of Financial Services at 518-474-6630 or [licensing@dfs.ny.gov](mailto:licensing@dfs.ny.gov)**

**Applicant Section:**       New Submission       Resubmission

Name of Applicant: \_\_\_\_\_

Alias/Maiden Name(s): \_\_\_\_\_

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

City, State, & Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex:  Male  Female Race: \_\_\_\_\_

Ethnicity:  Hispanic  Non Hispanic Height: \_\_\_\_\_ ft. \_\_\_\_\_ in. Weight: \_\_\_\_\_ lbs.

Skin Tone: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

State/Country of Birth: \_\_\_\_\_ Country of Citizenship: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

**Request for NYS Electronic Fingerprinting Services - Information Form (CONTD)**

**Accepted Forms of Identification Section:**

**NOTE: Applicant *MUST* present two (2) forms of ID, at least one of which must have a photo (see Column A):**

**Column A – Valid Photo Identification:**

U.S. Passport (unexpired or expired)  
Permanent Resident Card  
Alien Registration Receipt Card  
Unexpired Foreign Passport  
Driver's License or Photo ID Card  
(issued by U.S. State or Territory)  
School or College ID Card (with photo)  
Unexpired Employment Authorization  
with photo (Form I-766, I-688, I688A or B)  
Photo ID Card issued by federal, state, or local govt.

**Column B – Valid Supplementary Identification:**

Voter registration card  
U.S. Military card or draft card  
Military dependent's ID card  
Coast Guard Merchant Mariner Card  
Native American Tribal Document  
Canadian Driver's License  
U.S. Social Security Card  
Original or certified copy of a Birth Certificate issued  
by authorized U.S. agency with official seal  
Certification of Birth Abroad (issued by U.S. Department  
of State)  
U.S. Citizen Id Card (Form I-197)

Enrollment website address: [www.identogo.com](http://www.identogo.com)

Call Center phone number: 877-472-6915

# NYS Request for Card Scan Services - Information Form

This form is for an applicant who has no address in New York and who is unable to go to a MorphoTrust USA Electronic Fingerprinting location in New York (list of locations @ [www.identogo.com](http://www.identogo.com))

This form must be completed and signed for submission with application or biographical affidavit AND fingerprint cards. All identifying information on this form must match the information given on the fingerprint card or the fingerprint card, Form NYSIDCSFP and fee will be returned with license application, OR, for company officers/directors, the fingerprint card, Form NYSIDCSFP and fee will be returned to sponsoring company.

**PLEASE PRINT CLEARLY**

**Contributor Agency Section:**

**ORI: NY921270Z**

Contributor Agency: NEW YORK STATE DEPT. OF FINANCIAL SERVICES  
One Commerce Plaza, Albany, NY 12257

Job or License Type: Choose one from below:

- Employee Applicant
- Public/Independent Adjuster
- Professional Bondsman/Charitable Bail Organization
- Life Settlement Broker
- Life Settlement Intermediary
- Life Settlement Provider
- Princ, Exec, Dir Ins Co (provide name of insurance company)

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**Applicant Section:**

New Submission       Resubmission

Name of Applicant: Last \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_

Alias/Maiden Name(s): \_\_\_\_\_

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

City, State, & Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex:  Male  Female Race: \_\_\_\_\_

Ethnicity:  Hispanic  Non Hispanic Height: \_\_\_\_\_ ft. \_\_\_\_\_ in. Weight: \_\_\_\_\_ lbs.

Skin Tone: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

State / Country of Birth: \_\_\_\_\_ Country of Citizenship: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

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**Applicant Affirmation Section:**

I hereby affirm that the information contained in the application and the supporting documents are true and do not contain any false statements or omissions of any material information or facts. I understand that the making of false written statements in this application is punishable as a class A misdemeanor under Section 175.30 and/or Section 210.45 of the New York Penal Law.

**Applicant Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Request for NYS Card Scan Fingerprinting Services - Information Form (CONTD)**

**Payment Section:**

- Payment for Cardscan submission must be made separate from your payment for license fee application.
- Licensing Fee - check is made payable to Superintendent of Financial Services
- Fingerprint Fee is made payable to MorphoTrust USA

Fingerprint Fees – DCJS fee + MorphoTrust USA Fee = \$87.00  
DCJS fee + FBI Fee + MorphoTrust USA Fee = \$99.00

- **Payment for Princ, Exec, Dir Ins Co (company officer/director) should be made payable to MorphoTrust USA. DCJS fee + FBI Fee + MorphoTrust USA Fee = \$99.00**
- Options include: Personal or business check, certified check, bank check, money order, credit card, or Escrow Account with Morpho Trust USA. Escrow Account number will be required. If paying with a 3<sup>rd</sup> party check, clearly print the applicant’s name at the top of the check.

\_\_\_\_\_ Check or money order (payable to “MorphoTrust USA”)    Check Number: \_\_\_\_\_

\_\_\_\_\_ Escrow Account with Morpho Trust USA    Escrow Account Number: \_\_\_\_\_

Credit Card:    \_\_\_\_\_ Visa    \_\_\_\_\_ Master Card    \_\_\_\_\_ American Express    \_\_\_\_\_ Discover

*NOTE: credit card must have U.S. billing address*

Credit Card Number: \_\_\_\_\_    Expiration Date: \_\_\_\_\_

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- **Mailing Instructions - License applicants:** Please mail this form, your fingerprint card, payment and full application packet to the NYS Department of Financial Services at the address below.

**NYS Department of Financial Services – Insurance Division  
Licensing  
One Commerce Plaza  
Albany, NY 12257**

- **Mailing Instructions – Company Officers/Directors:** Please mail this form, two fingerprint cards, payment and biographical affidavit to the NYS Department of Financial Services at the address below.

**NYS Department of Financial Services – Insurance Division  
Life, Health or Property Bureau *(Indicate the appropriate bureau by the  
One State Street                      type of company for which the biographical  
New York, NY 10004                      affidavit is being submitted)***

Please be sure the Applicant Affirmation Section of this form has been signed.

The NYS Dept. of Financial Services will submit payment and fingerprint cards directly to MorphoTrust USA.