



## FINGERPRINTING PROCESS/PROCEDURE

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.

**New York State Department of Financial Services applicants with an address in New York State are required to be electronically fingerprinted by MorphoTrust USA.** Contact MorphoTrust USA at 877-472-6915 or [www.Indentogo.com](http://www.Indentogo.com) for electronic fingerprinting. Please refer to the attached document for the information which must be furnished at the time of your electronic fingerprinting appointment.

Card scanned fingerprints will not be accepted from any applicant with any address in New York. Any application bearing an address in New York State submitted with fingerprint cards will be rejected. Applications must be submitted with proof of being electronically fingerprinted through IdentoGO by MorphoTrust USA.

Applicants 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 list of locations go to [www.Indentogo.com](http://www.Indentogo.com)) may send the New York fingerprint cards to this Department with their application, fees, and the NYS Request for Card Scan Services - Information Form (form NYSIDCSFP), attached. **NOTE** - only the fingerprint cards furnished to the applicant by the New York State Department of Financial Services can be used; out of state fingerprint cards are not acceptable and will be returned. Applications received without the NYS Request for Card Scan Services - Information Form fully completed and signed will be rejected. **The identifying information entered on the fingerprint card MUST be exactly the same identifying information provided on the Information Form; if not the application will be returned.**

Note - Fingerprinting is required for all adjuster, bail bond/charitable bail\*, and life settlement provider\*/intermediary\*/ broker\* licenses.

Fingerprinting is required for any person wishing to be an officer/director\* of an insurance company.

\*FBI fingerprints are also required

Fingerprint Fee for Adjusters	\$ 87.00
Fingerprint Fee for Bail Bond Agents/Charitable Bail Organization	\$ 99.00
Fingerprint Fee for Life Settlement Providers, Life Settlement Intermediaries, and Life Settlement Brokers	\$ 99.00

# 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:

<u>SERVICE CODE</u>		
[ ]	1544H9	Employee Applicant
[ ]	1544S3	Public/Independent Adjuster
[ ]	1544RN	Professional Bondsman/Charitable Bail Organization
[ ]	1544JT	Life Settlement Broker
[ ]	1544K7	Life Settlement Intermediary
[ ]	1544NR	Life Settlement Provider
[ ]	1544Q5	Princ, Exec, Dir Ins Co (provide name of insurance company)

**\*\*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



**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 (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:** Please mail this form, your fingerprint card, payment and full application packet to the Department of Financial Services, to the address below.

Please make sure you have signed the applicant affirmation section of this form.

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

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