NEW YORK STATE
DEPARTMENT *of*
FINANCIAL SERVICES

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.Identogo.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.Identogo.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 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)
_____

****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

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 l-197)

Enrollment website address: 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 unable to go to a MorphoTrust USA Electronic Fingerprinting location in New York (list of locations @ www.Identogo.com)

This form must be completed and signed for submission with application AND fingerprint cards; all identifying information must match or will be returned with application packet.

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)
_____

Applicant Section: ☐ New Submission ☐ Resubmission

Name of Applicant: _____ _____ _____
Last First Middle

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_____

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:** _____

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 3rd 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:_____

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.