



## State of New Jersey

OFFICE OF THE ATTORNEY GENERAL  
DEPARTMENT OF LAW AND PUBLIC SAFETY  
DIVISION OF STATE POLICE  
POST OFFICE BOX 7068  
WEST TRENTON NJ 08628-0068  
(609) 882-2000  
April 21, 2014

CHRIS CHRISTIE  
*Governor*

KIM GUADAGNO  
*Lt. Governor*

JOHN J. HOFFMAN  
*Acting Attorney General*

COLONEL JOSEPH R. FUENTES  
*Superintendent*

Dear Law Enforcement Official:

The New Jersey State Police (NJSP), State Bureau of Identification (SBI), has been informed as a result of a recent decision by the New Jersey Department of Treasury, Division of Taxation, the live scan vendor, MorphoTrust Incorporated, must begin imposing sales tax to the service fee portion of the fingerprinting cost associated with the New Jersey Applicant System.

The New Jersey Sales and Use Tax informational website describing this change is as follows:  
<http://www.state.nj.us/treasury/taxation/investsecserv.shtml>.

As a result, this has necessitated the need for new Universal Fingerprint Forms and the adjustment to the current fee structure, which is reflected in the new forms. The sales tax on live scan activity will be \$0.70 per transaction (7% of \$10.00 live scan service fee). The sales tax on card scan activity will be \$0.44 per transaction (7% of \$6.25 card scan service fee). The effective date of the change will be **June 1, 2014**.

New Universal Fingerprint Forms are enclosed and must be utilized by all applicants starting on the effective date of June 1, 2014. At this time, please destroy your outdated universal forms.

It is anticipated that this process will be a seamless transition, simply requiring replacement of the old universal forms with the fee change. In addition, please ensure that your agency's Originating Agency Identifier (ORI) and full information are correct.

If there are any questions regarding this matter, please contact the Criminal Information Unit, at (609) 882-2000, extension 2918.

Sincerely,

FOR COLONEL JOSEPH R. FUENTES  
SUPERINTENDENT

E. Swearingen, Major  
Commanding Officer  
Identification and Information Technology  
Section

ES/ac



"An Internationally Accredited Agency"

New Jersey Is An Equal Opportunity Employer  
Printed on Recycled Paper and Recyclable





By MorphoTrust USA

# New Jersey Universal Fingerprint Form

[www.bioapplicant.com/nj](http://www.bioapplicant.com/nj)

(1) Originating Agency Number (ORI #) <b>NJ0026300</b>	(2) Category <b>ABB</b>	(3) Statute Number <b>33:1-25</b>
(4) Reason for Fingerprinting <b>ALCOHOL BEVERAGE LICENSE</b>	(5) Document Type <b>B1</b>	(6) Payment Information <b>\$57.20</b>
(7) Contributor's Case # (Unique Identifier)		(8) Miscellaneous

(9) First Name	(10) MI	(11) Last Name		
(12) Daytime Phone Number ( ) -	(13) Social Security Number (Optional)	(14) Date of Birth	(15) Height	(16) Weight
(17) Maiden or Alias Last Name	(18) Place of Birth (US State if US Citizen; Country for all others)		(19) Country of Citizenship	
(20) Home Address				
Address		City	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** - Identification must be presented at the time of printing. 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 and is 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).

**Please READ this form carefully**

and follow all of the instructions provided by your agency/employer to complete the fingerprint process. You must have this form (Blocks 1 through 26) completed prior to scheduling your fingerprint appointment via the website or call center. **PLEASE PRINT LEGIBLY.** It is **required** you **present** this completed Universal Fingerprint Form, IDG\_NJAPP\_110113, at your scheduled appointment.

**Appointment Scheduling:**

Scheduling is available anytime at [www.bioapplicant.com/nj](http://www.bioapplicant.com/nj). Appointments may also be scheduled through our Call Center. English and Spanish speaking agents are available at **1-877-503-5981**, Monday through Friday, 8:00AM to 5:00PM EST and Saturday, 8:00AM to 12 Noon EST.

**Payment:**

When an Applicant is responsible for payment, Payment Is Required at the time of scheduling. The following forms of payment are accepted: Visa, MasterCard, or electronic debit (ACH) from a checking account; accounts will be debited immediately. Money Order is the only form of payment accepted at the enrollment center.

**Cancel/ Reschedule:**

Appointments may be canceled or rescheduled via the website or the call center before the deadline of 5PM EST the business day prior to the scheduled appointment (Saturday Noon for Monday appointments). An appointment fee of \$10.00 will be incurred by applicants who do not cancel/reschedule their appointment prior to the deadline; MorphoTrust will refund the remainder of the fee paid (state/federal search fees) to the original payment method.

**Unable to be Fingerprinted:**

An applicant is considered "Unable to be Fingerprinted" for any of the following reasons: Failure to appear for scheduled appointment; Inability to present proper Identification; Inability to present this completed Universal Fingerprint Form IDG\_NJAPP\_110113; Information on this form does not exactly match the information provided during the scheduling process. Applicants unable to be fingerprinted will incur a \$10.00 appointment fee; MorphoTrust will refund the remainder of the fee paid (state/federal search fees) to the original payment method.

**PCN and Receipts:**

Upon the completion of fingerprinting you will be assigned a PCN number. The PCN will be recorded on this form and on your receipt. MorphoTrust will not provide *duplicate receipts, PCN Numbers or any appointment/printing information after the time of printing.*

Applicant ID Number:	Payment Authorization:	PCN:
Scheduled Day & Date:	Scheduled Time:	Scheduled Site:
Agency Information: <b>UPPER SADDLE RIVER PD</b>		

You **MUST** retain a copy of this form and the receipt of printing for your personal records.

**APPLICANTS MUST NOT ALTER, SHARE, OR REUSE THIS FORM**

IDG\_NJAPP\_110113

(1) Originating Agency Number (ORI #) <b>NJ0026300</b>		(2) Category <b>FIR</b>		(3) Statute Number <b>2C:58-1 THRU 4.1</b>	
(4) Reason for Fingerprinting <b>FIREARMS LICENSING</b>			(5) Document Type <b>B1</b>		(6) Payment Information <b>\$57.20</b>
(7) Contributor's Case # (Unique Identifier)			(8) Miscellaneous		
(9) First Name		(10) MI		(11) Last Name	
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Scheduled Day & Date:	Scheduled Time:	Scheduled Site:
Agency Information: <b>UPPER SADDLE RIVER PD</b>		

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By MorphoTrust USA

# New Jersey Universal Fingerprint Form

[www.bioapplicant.com/nj](http://www.bioapplicant.com/nj)

(1) Originating Agency Number (ORI #) <b>NJ0026300</b>		(2) Category <b>PFB</b>	(3) Statute Number <b>40A:14-9</b>		
(4) Reason for Fingerprinting <b>PAID OR PART TIME FIREMEN</b>			(5) Document Type <b>B1</b>	(6) Payment Information <b>\$57.20</b>	
(7) Contributor's Case # (Unique Identifier)			(8) Miscellaneous		
(9) First Name		(10) MI	(11) Last Name		
(12) Daytime Phone Number ( ) -		(13) Social Security Number (Optional)	(14) Date of Birth	(15) Height	(16) Weight
(17) Maiden or Alias Last Name		(18) Place of Birth (US State if US Citizen; Country for all others)		(19) Country of Citizenship	
(20) Home Address					
Address		City	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			
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IDG\_NJAPP\_110113



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(1) Originating Agency Number (ORI #) <b>NJ0026300</b>		(2) Category <b>LOX</b>	(3) Statute Number <b>13:59-1</b>		
(4) Reason for Fingerprinting <b>LOCAL ORDINANCE</b>			(5) Document Type <b>S1</b>	(6) Payment Information <b>\$40.70</b>	
(7) Contributor's Case # (Unique Identifier)			(8) Miscellaneous		
(9) First Name		(10) MI	(11) Last Name		
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Address		City	State	Zip	
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Agency Information: <b>UPPER SADDLE RIVER PD</b>		

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IDG\_NJAPP\_110113



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[www.bioapplicant.com/nj](http://www.bioapplicant.com/nj)

(1) Originating Agency Number (ORI #) <b>NJ0026300</b>		(2) Category <b>VOX</b>	(3) Statute Number <b>13:59-1</b>		
(4) Reason for Fingerprinting <b>VOLUNTEER</b>		(5) Document Type <b>VS1</b>		(6) Payment Information <b>\$28.70</b>	
(7) Contributor's Case # (Unique Identifier)			(8) Miscellaneous		
(9) First Name		(10) MI	(11) Last Name		
(12) Daytime Phone Number ( ) -		(13) Social Security Number (Optional)	(14) Date of Birth	(15) Height	(16) Weight
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Address		City	State	Zip	
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