

(1) Originating Agency Number (ORI #) <b>NJ920660Z</b>		(2) Category <b>PDK</b>		(3) Statute Number <b>45:19-16</b>	
(4) Reason for Fingerprinting <b>PRIVATE DETECTIVE AGENCY EMPLOYEE</b>			(5) Document Type <b>RB1</b>		(6) Payment Information <b>\$58.66</b>
(7) Contributor's Case # (Unique Identifier) <b>AGENCY LICENSE # _____</b>			(8) Miscellaneous <b>OUT-OF-STATE USE ONLY</b>		
(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
<b>Identification Requirement</b> - 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.

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