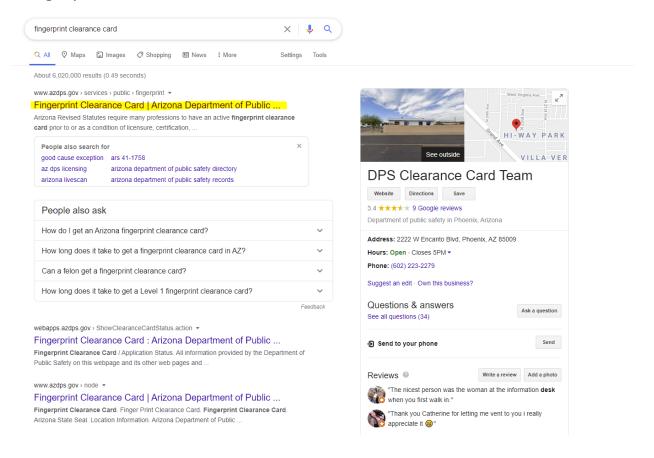
How To Obtain a Level 1 Fingerprint Clearance Card from the Arizona Department of Public Safety (revised 06/22/2020)

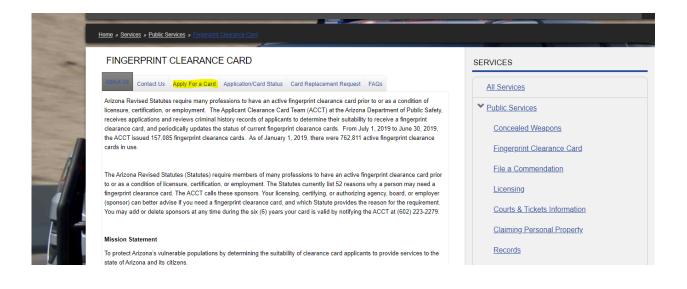
Search "fingerprint clearance card"

The first result will be <u>www.azdps.gov</u> and it should take you straight to the fingerprint clearance card menu.

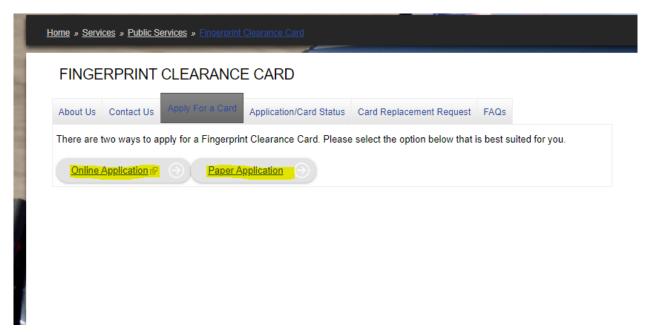




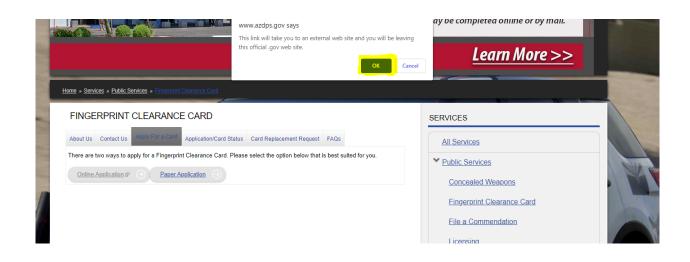
Towards the bottom of this picture you can see the next link is highlighted.



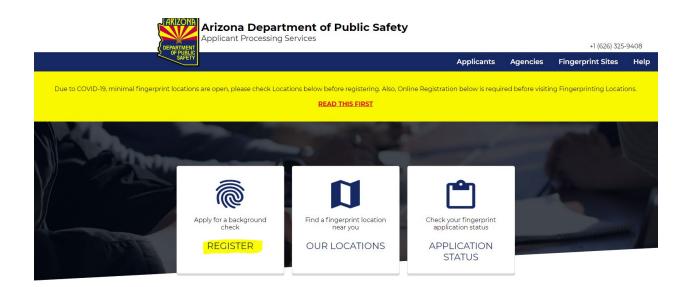
Click "Apply For a Card."



You can choose to apply online or using a paper application here. These procedure are for online application.



You have to click "ok" to proceed to an external website.



This is the next page you will see. Select "register" if you have not already.

Ple		select the option that applies to your ation
	Apply for a fingerprint Clearance Card My job requires me to obtain a Fingerprint Clearance Card as a prerequisite for employment	Background Check Coming Soon A state agency is requiring me to submit fingerprints for a background check. My background information will be directly sent to the state agency. I am not applying for a Fingerprint Clearance card
	Security Guard I am applying to become a security guard	Private Investigator I am applying to become a private investigator

Select "Apply for a fingerprint clearance card."



You must agree to use a Thales location for the duration of Covid-19. This will likely change in the future.

STATE OF ARIZONA DEPARTMENT OF PUBLIC SAFETY Level One Fingerprint Clearance Card	
Name: AZTESTEEEEE A. AZTESTEEEEE Birth Date: 11/1/1991 Issue Date: 11/1/2016 M 190 6 00 BLK GRY Sex Weight Height Eyes Hair Card Number: 4A01780029 Expire Date: 11/1/2022 IVPE007108	
If you select IVP Renewal you must have your IVP card, as shown in the picture above and you will need to provide the IVP number along with your date of birth on the next page.	
New Application*	
	DEPARTMENT OF PUBLIC SAFETY Level One Fingerprint Clearance Card Mame: AZTESTEEEEE A. AZTESTEEEEE Birth Date: 11/1/1991 Issue Date: 11/1/2016 M 190 6 00 BLK GRY Sex Weight Height Eyes Hair Card Number: 4A01780029 Expire Date: 11/1/2022 VPE007108

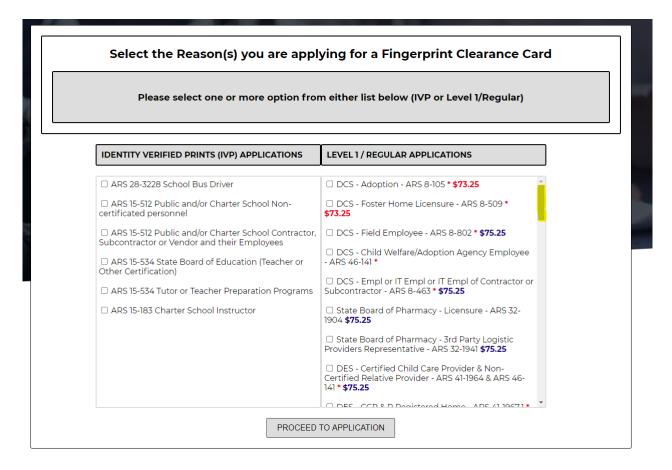
If you do not have a fingerprint clearance card you will select "New Application." If you are renewing an expired IVP card select IVP Renewal. If you are renewing an expired Level 1 card select "New Application."

on the nature	FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Dependin of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders julations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of in.
checks. Your f FBI for the pur (including civi FBI may retain	se: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background ngerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or ti pose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems , criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints to be compared against other fingerprints submitted to or retained by NGI.
Routine Uses: NGI. vour infor	During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in mation may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and a
I have read a	nd accepted these terms.
CANCEL	CONTINUE

Be sure to actually read the Privacy Act Statement.

on the nature of	BI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534; f your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executi lations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or app n.	ive Örders,
checks. Your fir FBI for the purp (including civil, FBI may retain	se: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based backgr igerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency ose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor sy criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agen our fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your finge o be compared against other fingerprints submitted to or retained by NGI.	/, and/or the stems ncy. The
	During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are re nation may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 15	
I have read an	d accepted these terms.	
CANCEL	CONTINUE	

Once you have read and selected that you accept these terms select "continue."



This is the next page that you will encounter. You will need to scroll down to find the correct application type.

Please select one or more option from either list below (IVP or Level 1/Regular)		
IDENTITY VERIFIED PRINTS (IVP) APPLICATIONS	LEVEL 1 / REGULAR APPLICATIONS	
 ARS 28-3228 School Bus Driver ARS 15-512 Public and/or Charter School Non- certificated personnel ARS 15-512 Public and/or Charter School Contractor, Subcontractor or Vendor and their Employees ARS 15-534 State Board of Education (Teacher or Other Certification) ARS 15-534 Tutor or Teacher Preparation Programs ARS 15-183 Charter School Instructor 	 AZ Dept. Real Estate-Licensure - ARS 32-2108.01 \$75.25 Department of Juvenile Corrections - Licensee or Contract Provider - ARS 41-2814(B) Health Science Student & Clinical Assistant - ARS 15-1881 \$73.25 Juvenile Probation - Supreme Court, County Attorney or other Contract - Provider Employee or Volunteer ◆ ARS 8-322 BTR - Home Inspector Certification - ARS 32-122.02 \$75.25 BTR - Controlling Person Certification - ARS 32-122.06 \$75.25 BTR - Alarm Agent Certification - ARS 32-122.06 \$75.25 AZ Game and Eish - ARS 17-215 * 	

For the purposes of the Allied Health programs at Phoenix College you will select "Health Science Student & Clinical Assistant."

Step 1 - Please Enter Your Information	Required fields *
Transaction Information	
Reason(s) for Fingerprinting	
Health Science Student & Clinical Assistant - ARS 15-1881	
Payment Type *	

Last Name *		First Name *	
STUDENT		TEST	
		Suffix	
Middle Name	Optional	Select	v
Maiden Name	Optional	Social Security Number	No dashes
		Date of Birth *	
Re-enter Social Security Number	No dashes	06/19/2002	
		Sex *	
Weight *		Unknown	~
Race *		Eye Color *	
Unknown	Ψ	Unknown	
Hair Color *		Height *	
Unknown	Ψ	5'09	~
Place of Birth *		Country of Citizenship	
ARIZONA	$\overline{\nabla}$	Select	∇

Enter **Your** information here.

Address *		City *	
1202 W THOMAS RD		PHOENIX	
		State *	
Apt	Optional	ARIZONA	▼
Zip Code *		Phone *	
85013		(602) 285-7777	

Use your current mailing address, where you would like to receive your card.

Name of Employer and/or Agency (if unk		
Address	City	
Apt	Select	v
Zip Code		
Please note that fingerprinting hours may be different	than open store hours. Be sure to confirm the location is fingerprinting before arriving.	

You are a student applicant so leave this portion blank and select continue.

Transaction Inforr	nation		
Reason(s) for Fingerprinting	Clinical Assistant - ARS 15-1881	Total Fee	
Health Science Student &	Clinical Assistant - ARS 15-1881	\$73.25	
Payment Type Credit Card		Paid Employee or Volunteer Volunteer	
Personal Informat	ion		
Personal Informat	First Name	Middle Name	Suffix
		Middle Name	Suffix NONE
Last Name	First Name	Middle Name Date of Birth 06/19/2002	
Last Name STUDENT	First Name TEST Social Security Number Not Entered. Bring receipt with	Date of Birth	NONE

Double check your personal information is correct.

1202 W THOMAS RD	PHOENIX Phone Number	Email	AZ	
85013	(602) 285-7777	TEST.STUDENT@AOL.C	M	
Employer Name	Address	City	Apt	
Employer Name State	Address	Zip Code	Apt	

Double check mailing address is correct and click submit if you are ready to proceed.

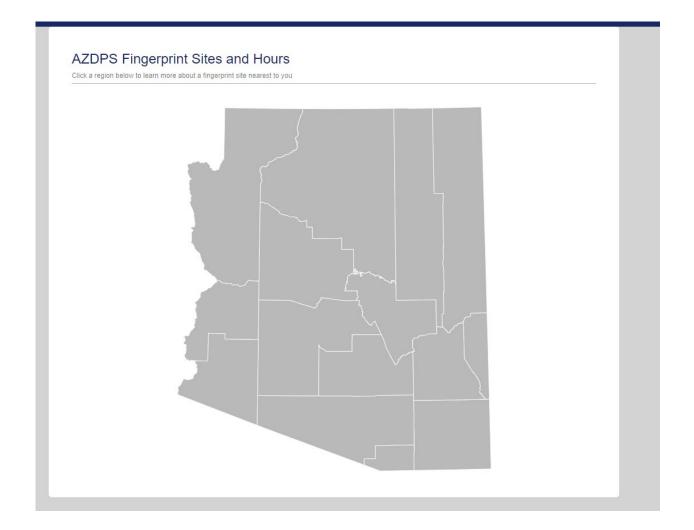
	print Site Location listed in ourwebsite , your registration will not be valid and NOT processed.
5 1 7	
Receipt	
Registration ID AZDPS206J925463262	
Last Name STUDENT	First Name TEST
Reason for Fingerprinting	
A email has been sent to TEST.STUDENT@AOL.	COM. Please check your email and click the link to verify your email address within the next 24 hours to complete your registration.

You may want to print this confirmation to have on hand as it contains your registration ID so you can monitor the progress of your application. Before you close this page notice the word website is blue.

Step 3 - Registration Complete

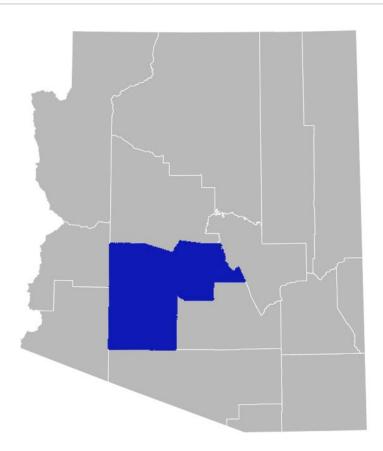
You MUST use a Fingerprint Site Location listed in ourwebsite to fingerprint; otherwise, your registration will not be valid and NOT processed.

Select the link in the word **website** to select a location for fingerprinting.



This is the screen provided to select your region. Hovering over the regions will tell which region you are thinking of selecting. For example Phoenix College is in Maricopa County so we selected Maricopa County.

AZDPS Fingerprint Sites and Hours Click a region below to learn more about a fingerprint site nearest to you



Fingerprint Sites - Region Maricopa		
Company	City	County
The UPS Store 4010	PHOENIX	Maricopa
The UPS Store 4870	PHOENIX	Maricopa
The UPS Store 4910	PHOENIX	Maricopa
The UPS Store 7135	PHOENIX	Maricopa
Central Phoenix Big Brothers Big Sisters	PHOENIX	Maricopa
AZ Clinical Services-Parkwood Professional Plaza	PHOENIX	Maricopa
AZ Clinical Services	PEORIA	Maricopa
AZ Clinical Services	CHANDLER	Maricopa
AZ Clinical Services	AVONDALE	Maricopa
AZ Clinical Services	SCOTTSDALE	Maricopa
Zarapath Community Svc	MESA	Maricopa

At the moment there are very few fingerprinting sites open due to Covid-19, so make sure you check that your location is still active.

ocation Information		
♦ Address	J Phone (For Applicants)	Hours of Operation
11111, N 7th St. PHOENIX, AZ 85020 GET DIRECTIONS	602-375-4680	Mon - Fri 8am to 8pm
Additional Information		

Notice you are unable to schedule an appointment. You need to confirm your email.



Confirm Email Address

Registration ID: AZDPS206J829085634

Thank you for registering with the Arizona Applicant Processing Service (AAPS). Please click the button below to confirm your email address and to complete your registration:



Please click here if you are not redirected within a few seconds.

If you need assistance, please contact us at 1-888-439-2512 or email us at (626)463-6000.

Gemalto Cogent Inc

This is what the email will contain.

The sender will be <u>noreply@aps.gemalto.com</u>, the subject line will be your registration ID and will look something like this:

AZDPS206J925463262, Confirm Registration Email

You will select confirm email to proceed.

Account Activation	
Your registration has been confirmed. You are now	able to pay and proceed to a livescan site to have your fingerprints taken.
	Pay Now

Arizona Applicant Processing Services

To schedule your fingerprinting appointment select pay now. You can't schedule an appointment without paying for your card.

Applicar	a Department of Public Safety Processing Services +1 (626) 32		5-9408		
DEPARTMENT OF PUBLIC SAFETY		Applicants	Agencies	Fingerprint Sites	Help
Perform Payment					
	Please enter your information to perform payment				*
	Registration ID:				
	Last Name:				
	First Name:				
	Date of birth:	(MMDDYYYY)			
	Ciear				

Your payment screen should look something like this. After you have submitted your payment you will be able to schedule your appointment. Be sure to arrive 15 minutes before your appointment time, although you may have to wait outside due to Covid-19 restrictions.

Gem	alto Cogent Identity Verification Procedures
Primary Documents	 Gemalto Cogent requires current, valid and unexpired picture identification documents. As a primary form of picture identification, a State issued driver's icense may be presented by an applicant when being fingerprinted. For those applicants without a driver's license, a State identification card may be presented if the State's identification standards are the same as for the driver's license. However, in the absence of a new driver's license applicants may provide one or more Secondary Documents including: State Government Issued Certificate of Birth US Active Duty/Retiree/Reservist Military ID Card (000 10-2) Passport Social Security Card Certificate of Citizenship (N560) Certificate of Naturalization (N550) INS I-551 Resident Alien Card Issued since 1997 INS 1-688 Temporary Resident Identification Card INS I-688B, I-766 Employment Authorization Card
Secondary Documentation	Secondary documentation must be supported by at least two of the following: -Utility Bill -Voter Registration Card -Vehicle Registration Card/Title -Paycheck Stub with Name/Address -Cancelled Check or Bank Statement

We have provided you with the options for documentation. These are the documents they need you to bring to confirm your identity for your appointment.