

**NYS REQUEST FOR CARD SCAN SERVICES – INFORMATION FORM  
(PLEASE PRINT CLEARLY)**

**Contributor Agency Section:**

ORI: USOPM000Z Contributor Agency: U.S. Office of Personnel Management, National Background Investigation Bureau

Job or License Type (check one):

**Child Care**

Agency ID Number (if assigned by contributor): \_\_\_\_\_

**Applicant Section:**       Resubmission       New Submission

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Alias / Maiden Name(s): \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, & Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex:  Female  Male 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 options include; personal or business check, certified check, bank check, money order or credit card. 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: \_\_\_\_\_

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 and payment to your civil contributor agency at the address below. Please make sure you have signed the applicant affirmation section of this form.

**US Office of Personnel Management-National Background Inv Bureau**  
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.....% + 6 fUbW tcb FcUXZPO Box 618  
.....Boyerg, PA 16018