

West Virginia Card Scan Services - Information Form

Instructions for applicant: Please complete and return

1. Card Scan Information Form (this form)
2. Payment made payable to MorphoTrust
3. Two (2) completed fingerprint cards
4. One (1) WVSP 39 Authorization form for State Only requests, one (1) WVSP 39C Authorization form for NCPA/NCA requests, or One (1) WVSP 39F Authorization form for State and FBI requests

Send above packet to:

MorphoTrust
West Virginia Cardscan Dept
3051 Hollis Drive, Suite 310
Springfield IL 62704
Checks should be made payable to MorphoTrust

Please Print Clearly

ORI: _____ Contributor Agency: _____

Check one: New Submission Resubmission If resubmission, list TCN Number here: _____

Name of Applicant: Last _____ First _____ M.I. _____

Alias / Maiden Name: _____

Street Address: _____

City, State, & Zip: _____

Date of Birth: _____ Age: _____ Sex: Male Female

Race: _____ Ethnicity: Hispanic Non Hispanic Unknown

Height: _____ ft. _____ in. Weight: _____ lbs.

Skin Tone: _____ Eye Color: _____ Hair Color: _____

State / Country of Birth: _____ Country of Citizenship: _____

Social Security number _____ Contact Phone Number _____

Payment Section:

- Regular Background Check (WV state check only) \$32.50
- Central Abuse Background Check (WV state check only, DHHR facility number needed) \$22.50
- NCPA / VCA Background Check (WV state and FBI check) \$33.25
- State and Federal Background (if authorized by WVSP and FBI) \$44.50
- State and Federal with DHHR facility number (Central Abuse, if WVSP authorized) \$34.50
- Payment for the Card Scan submission must be included with your fingerprint cards **made payable directly to MorphoTrust**—in the form of a personal, business, and certified or bank check or a money order.

WVSP 39

STATE ONLY REQUEST-FINGERPRINT AUTHORIZATION

07/15

Name of Applicant _____

Address of Applicant _____

Certification: I hereby request a record check be made to find any police record on the herein named individual and by submitting this request, I understand that the submitted information will be retained by the West Virginia State Police in the Automated Fingerprint Identification System and that my fingerprint images will be stored electronically on site in a secure manner for Rap Back purposes. I certify that this is for official business and I am authorizing the below named agency/individual to obtain any record found.

Agency/Individual Name _____

Agency/Individual Address _____

Signature of Applicant _____

Facility Number (if applicable) _____