



# **New Mexico Applicant Registration**

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April 2023

# APPLICANT REGISTRATION

- **EXAMPLE REGISTRATION WEB PAGE**

- **Options include:**

- *For New Appointments*
  - *Applicant starting point highlighted in red box*
- *To Mail in Your Fingerprint Card*
- *To Look up or Change an Existing Appointment*
- *For Fingerprint Rejection Notices*

**IdentoGO**

New Mexico

## Fingerprinting & Enrollment Services

Health and wellness are critical to our ability to provide essential services to the public. If you are feeling ill on the day of your scheduled appointment, we ask that you do not visit our Enrollment Center and instead reschedule your appointment for a later date by visiting us online or call to reschedule your appointment. Be aware that if you are exhibiting COVID or Flu like symptoms while at an Enrollment Center, we may kindly ask you to reschedule your appointment. We appreciate your cooperation in assisting IDEMIA to provide a safe and healthy environment within our Enrollment Centers.

English · Español

← Start Over

### For Licensing, Certification or Employment requirements in New Mexico

**Important!** You must finish the registration process to be fingerprinted. You will receive an email or a confirmation number when registration is complete.

#### For New Appointments

To schedule a new appointment, click the green button below. We will ask you for the information needed to schedule and process your background check.

**Schedule a New Appointment**

#### To Mail In Your Fingerprint Card

To register to send your prints through the mail, click the button below. You will be asked to mail your fingerprint cards to Prints, Inc. after payment is made. **Only out of state residents** or individuals physically unable to be digitally printed are able to use this option.

**Register for Fingerprint Card Processing Service**

#### To Look Up or Change an Existing Appointment

To look up, reschedule or cancel your appointment, please choose one of the below methods to locate your record.

**Registration ID (REGID)**

**Email Address**

#### For Fingerprint Rejection Notices

To schedule your retake appointment, we need to lookup your registration. Please choose one of the below methods to locate your record.

**Registration ID (REGID)**

**Transaction Control Number (TCN)**

**Email Address**

### For Travel Security Screening and Transportation Threat Assessments:

**HAZMAT**

**TSA Pre✓®**

**TWIC**

# APPLICANT REGISTRATION

- *Agency ORI entry – same information currently used*

**IdentoGO** ← Start Over

English Español

New Mexico Application Details

Please enter your ORI number in the box below.

ori number \*

This field cannot be empty

Go ▶

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Reset ↺

# APPLICANT REGISTRATION

- *Agency Fingerprint Reason selection – same information currently used*

**IdentoGO** < Start Over

English / Español

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New Mexico Application Details

Please enter your ORI number in the box below.

ori number \*

✓ 1321 NM Example

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fingerprint reason \*

32A-15- NM Example  
32A-15-3 FOSTER CARE

Reset ↻

# APPLICANT REGISTRATION

- *Acknowledgement/Release Applicant Acceptance*

← Start Over  
English · Español

## New Mexico Acknowledgement/Release

**IMPORTANT-READ CAREFULLY BEFORE ANSWERING**  
Fingerprint-Based Criminal History Record Request Authorization and Notification Form

\*\* By signing this authorization, I hereby acknowledge that I consent to the collection and retention of my fingerprints as part of the application / employment / licensing process.

I acknowledge and understand that my fingerprints will be searched against the fingerprint databases maintained by the Federal Bureau of Investigation and the New Mexico State Police for the purpose of assessing and reviewing state and national criminal history that may pertain to me directly, pursuant to 28 CFR, Sections 16.30-16.34.

I acknowledge that I have been notified of how to access the procedures to challenge the accuracy or completeness of my record, set forth in Title 28 CFR 16.34. I am aware that a copy of these procedures listed in the following document may be downloaded by clicking on the link:

[Privacy Act Statement](#)

I do NOT agree to the terms and conditions of this background check. By checking this box, the Registration process will be terminated.

I AGREE and affirm that I have read and fully understand the above and consent to this background check and to the results being released to the Qualified Entity with which I am or am seeking to be employed or to serve as a volunteer. By checking this box, I understand I am electronically signing this document and indicating my agreement with the terms and conditions of the background investigation. \*

[Go >](#)

# APPLICANT REGISTRATION

- *Privacy Act Statement*

## PRIVACY ACT STATEMENT

**Authority:** The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

**Principal Purpose:** Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

**Routine Uses:** During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

# APPLICANT REGISTRATION

- *Location selection-ZIPCODE Search*

The screenshot displays the IdentoGO application registration interface for New Mexico. The page features a header with the IdentoGO logo on the left and a language selector (English · Español) on the right. Below the header, the page is divided into two main sections: "New Mexico" on the left and "Appointment Details" on the right. In the center, there is a navigation bar with a button labeled "← Pay for Ink Card Submission". Below this, there are two buttons: "Search By Zip Code" and "Search By Region". The "Search By Zip Code" button is highlighted. Below these buttons, there is a text prompt: "Enter a zip code to determine the closest fingerprinting location." This is followed by a text input field and a "Go >" button. The bottom of the page is a solid dark blue bar.

# APPLICANT REGISTRATION

- *Location selection-Date and Appointment Time*

The screenshot shows the IdentoGO website interface for scheduling an appointment in New Mexico. At the top left is the IdentoGO logo, and at the top right is a 'Start Over' button and language options for English and Español. Below the logo, 'New Mexico' is displayed on the left and 'Appointment Details' on the right. A navigation bar contains a 'Pay for Ink Card Submission' button. The main content area features a calendar grid for the week of January 31 to February 6, 2023. The grid shows two locations: Albuquerque and Clovis. For each location, the status for each day is indicated, with 'Closed' for Saturdays and Sundays, and 'Schedule' buttons for other days. A 'Directions' button is available for each location. A 'Next Week' button is located at the top right of the calendar grid. A 'Change' button is next to the zip code '87110'.

Zip Code: 87110 <a href="#">Change</a>		Tuesday 1/31/2023	Wednesday 2/1/2023	Thursday 2/2/2023	Friday 2/3/2023	Saturday 2/4/2023	Sunday 2/5/2023	Monday 2/6/2023
<b>Albuquerque</b> IdentoGo 123 Main Street Albuquerque, NM 87110 <a href="#">Directions</a>	<a href="#">Schedule</a>	<a href="#">Schedule</a>	<a href="#">Schedule</a>	<a href="#">Schedule</a>	<a href="#">Schedule</a>	Closed	Closed	<a href="#">Schedule</a>
<b>Clovis</b> Fingerprints R Us 321 Jefferson Street Clovis, NM 881001 <a href="#">Directions</a>	<a href="#">Schedule</a>	<a href="#">Schedule</a>	<a href="#">Schedule</a>	<a href="#">Schedule</a>	<a href="#">Schedule</a>	Closed	Closed	<a href="#">Schedule</a>



# APPLICANT REGISTRATION

- *Applicant Demographics*

The screenshot shows the IdentoGO New Mexico Applicant Information registration form. The form is divided into several sections: Applicant Name, Applicant Home Address, Methods of Contact, Applicant Demographic Data, and Applicant Employer Information. A modal window is overlaid on the form, displaying a red warning triangle with an exclamation mark. The modal text reads: "All applicant demographic information is required to be accurate and will be subject to verification at time of enrollment. If any information is entered incorrectly or is falsified, the applicant will not be able to be fingerprinted. Important! You must finish the registration process to be fingerprinted. You will receive an email or a confirmation number when registration is complete." A blue "Continue" button is located at the bottom of the modal. The background form shows fields for name, address, contact information, and demographic data.

**IdentoGO** English - Español

New Mexico Applicant Information

**APPLICANT NAME**

prefix first name \* middle name last name \* suffix

This field cannot be empty

**APPLICANT HOME ADDRESS**

number \* direction str apt/unit #

country \* United States

**METHODS OF CONTACT**

Please enter the phone number will be used to contact the individual in the event issues occur with the Payment

phone 1 \* phone 2 \* email \* preferred contact method \* Yes, please email me educational materials, special offers and information about other IdentoGO products and services.

**APPLICANT DEMOGRAPHIC DATA**

date of birth \* gender \* height \* weight \* race \* hair color \*

mm/dd/yyyy lbs. United States social security number \*\*\*-\*\*-\*\*\*\*

eye color \* place of birth \* citizen country \* social security number

**APPLICANT EMPLOYER INFORMATION**

If you have any questions with the website, please call 877-472-6917.

# APPLICANT REGISTRATION

- *Applicant Demographics*

IdentoGO

Start Over

English · Español

New Mexico

Applicant Information

## APPLICANT NAME

prefix  first name \*  middle name  last name \*  suffix

This field cannot be empty

## APPLICANT HOME ADDRESS

number \*  direction  street name \*  unit designator  apt/unit #

country \*  city \*  state \*  zip code \*

## METHODS OF CONTACT

Please enter the phone number and email address for the individual being fingerprinted. The phone number and email address will be used to contact the individual in the event of an Appointment Cancellation or Reschedule, a need for Reprinting or if issues occur with the Payment Method. We do not sell or share contact information.

phone 1 \*  phone 1 type \*  phone 2  phone 2 type

email \*  confirm email \*

preferred contact method \*  preferred contact time  contact notes/instructions

Yes, please email me educational materials, special offers and information about other IdentoGO products and services.

## APPLICANT DEMOGRAPHIC DATA

date of birth \*  gender \*  height \*  weight \*  race \*  hair color \*

eye color \*  place of birth \*  citizen country \*  social security number

## APPLICANT EMPLOYER INFORMATION

occupation  would you like to provide employer information? \*  yes \*  no \*

Go >

# APPLICANT REGISTRATION

- *Application Details*



Start Over

English · Español

New Mexico

Information Verification

## YOUR REGISTRATION IS NOT YET COMPLETE

Please review all of the following information. If any of this information is incorrect, please make changes by clicking the change button next to each section label.

IF ALL INFORMATION APPEARS CORRECT ---->

Go >

### APPLICATION DETAILS [CHANGE](#)

**ori number**  
NM920120Z

**fingerprint reason**  
32A-15-3 CHILD CARE LICENSING

### APPOINTMENT DETAILS [CHANGE](#)

**location**  
Albuquerque  
IdentoGo  
123 Main Street  
Albuquerque, NM 87110  
United States

**appointment date/time**  
Wednesday, January 25, 2023 at 9:10am

### APPLICANT DETAILS [CHANGE](#)

**name**  
Mrs. Jane Ann Doe

**home address**  
123 N Main Street  
APARTMENT 12A  
Albuquerque, NM 87110  
United States

**phone 1**  
217-456-7890 (Cell)

**email**  
janedoe@email.com

**preferred contact method**  
Email

**date of birth**  
11/11/1991

# APPLICANT REGISTRATION

- *Application Payment Options*

**IdentoGO**

[← Start Over](#)

English · Español

New Mexico

Payment Collection

Your total is \$44.00. Please choose a payment method below.

- Credit Card
- eCheck
- Billing Account

# APPLICANT REGISTRATION

- *Application Payment Options*

The screenshot displays the IdentoGO 'Payment Collection' interface. A modal window is open, showing the following sections:

- Personal Details:** Email address: janedoe@email.com
- Payment method:** New Card Account (selected). Fields include Card Number (with a red error message: "Please provide a valid card number"), CVV, and Exp. Date. Name: Jane Doe.
- Billing Address:** 123 N Main Street, Albuquerque, New Mexico, 87110. Includes an "Edit Billing Address" checkbox.
- Agreement:** A checkbox for "I agree to the Terms and Conditions".
- Payment Button:** A prominent orange button labeled "PAY \$44.00".

The background interface shows the IdentoGO logo, the state "New Mexico", the total amount "\$44.00", and three payment options: Credit Card (selected), eCheck, and Billing Account. A "Go" button is visible below the options. The footer includes a refund policy link and the copyright notice "2023 © IDENTOGO®. ALL RIGHTS RESERVED."

# APPLICANT REGISTRATION

- **Application Registration Complete**

- *Registration Number*
- *Appointment Information*
- *Other Reminders*

The screenshot shows the IdentoGO website interface. At the top left is the IdentoGO logo, and at the top right is a language selector for English and Español. Below the logo, the location is identified as New Mexico. The main heading of the page is "Registration Complete".

Navigation options include "Save PDF" and "Print". The main content area is titled "Registration Completed for Mrs. Jane Ann Doe".

**APPOINTMENT DETAILS**

<b>location</b> Albuquerque IdentoGo 123 Main Street Albuquerque, NM 87110 United States <a href="#">Get directions from Google Maps</a>	<b>appointment</b> Date: 01/25/2023 Time: 09:10 AM
	<b>registration id</b> A123000059X

**PAYMENT DETAILS**

Your payment has been received. Amount Paid: \$44.00  
(Payment ID: ONM55XHW31)

**REMINDERS**

Health and wellness are critical to our ability to provide essential services to the public. If you are feeling ill on the day of your scheduled appointment, we ask that you do not visit our Enrollment Center and instead reschedule your appointment for a later date by visiting us online or call to reschedule your appointment. Be aware that if you are exhibiting COVID or Flu like symptoms while at an Enrollment Center, we may kindly ask you to reschedule your appointment. We appreciate your cooperation in assisting IDEMIA to provide a safe and healthy environment within our Enrollment Centers.

**Remember to bring your photo ID and confirmation number to the fingerprinting location or you will not be fingerprinted. Please contact the phone number below with any questions.**

Please remember:  
All ID Documents must be the originals. Copies will not be accepted.  
Personal checks and cash will not be accepted.

**APPLICATION DETAILS**

id number: [REDACTED]

**fingerprint reason**  
32A-15-3 CHILD CARE LICENSING