

Dear Student,

We have received your fingerprinting order. Please follow the step-by-step instructions, outlined in this packet, to submit your fingerprints for your Background Check through the **State of Florida VECHS system**. Please note you will only want to complete this out-of-state process if you are NOT currently residing in Florida.

If you are currently residing in Florida, please contact American DataBank at 1-800-200-0853.

In this packet you will find:

- **2 FBI Fingerprint Cards:** You will need to take this card to a local law enforcement agency or to another authorized individual/agency to have your fingerprints rolled. You will see the needed VECHS and Billing Account numbers listed on each card.
- **Instructions for registering your Fingerprints:** You will need to follow the step-by-step instructions detailed in this packet to register your Fingerprints for processing with the State of Florida AHCA system. Please complete this step before mailing your cards to Prints Inc.

**\*\*\* Please Note: You have already paid for this service. Please pay close attention to the payment step to avoid paying again. \*\*\***

If you have any questions or concerns regarding the process for registering your fingerprints, please contact American DataBank at 1-800-200-0853 or by email at [support@americandatabank.com](mailto:support@americandatabank.com).

Thank you,

Customer Service  
Fingerprinting Department  
American DataBank  
110 16<sup>th</sup> Street, 8<sup>th</sup> Floor  
Denver, CO 80202

Please take the fingerprint card(s) to a local law enforcement agency, or to another authorized individual/agency, to have your fingerprints rolled.

The following fields circled below, need to be filled out before you send your fingerprint cards(s).

<b>APPLICANT</b> <small>* See Privacy Act Notice on Back</small> FD-258 (Rev. 9-9-13) 1110-0046	LEAVE BLANK	TYPE OR PRINT ALL INFORMATION IN BLACK LAST NAME <u>NAM</u> FIRST NAME _____      MIDDLE NAME _____		FBI	LEAVE BLANK
	SIGNATURE OF PERSON FINGERPRINTED _____ RESIDENCE OF PERSON FINGERPRINTED _____	ALIASES AKA _____	O R I		DATE OF BIRTH <u>DOB</u> <small>Month Day Year</small>
DATE _____	SIGNATURE OF OFFICIAL TAKING FINGERPRINTS _____	CITIZENSHIP <u>CTZ</u>	SEX _____	RACE _____	HGT. _____
EMPLOYER AND ADDRESS _____	YOUR NO. <u>OCA</u>	FBI NO. <u>FBI</u>	WGT. _____	EYES _____	HAIR _____
REASON FINGERPRINTED _____	ARMED FORCES NO. <u>MNU</u>	SOCIAL SECURITY NO. <u>SOC</u>	PLACE OF BIRTH <u>POB</u>	LEAVE BLANK	
	MISCELLANEOUS NO. <u>MNU</u>		CLASS _____	REF. _____	

Please note: Your fingerprints can be Ink Rolled onto a fingerprint card or Electronically Scanned and *printed* onto a fingerprint card

# APPLICANT

\* See Privacy Act Notice on Back

FD-258 (Rev. 9-9-13) 1110-0046

SIGNATURE OF PERSON FINGERPRINTED

LEAVE BLANK

RESIDENCE OF PERSON FINGERPRINTED

DATE

SIGNATURE OF OFFICIAL TAKING FINGERPRINTS

EMPLOYER AND ADDRESS

REASON FINGERPRINTED

TYPE OR PRINT ALL INFORMATION IN BLACK  
LAST NAME FIRST NAME MIDDLE NAME

ALIASES AKA

O  
R  
I

VECHS  
06030248  
FLAD06N30

FBI LEAVE BLANK

DATE OF BIRTH DOB  
Month Day Year

CITIZENSHIP CTZ SEX RACE HGT. WGT. EYES HAIR PLACE OF BIRTH POB

YOUR NO. OCA

FBI NO. FBI

ARMED FORCES NO. MNU

SOCIAL SECURITY NO. SOC

MISCELLANEOUS NO. MNU

LEAVE BLANK

CLASS \_\_\_\_\_

REF. \_\_\_\_\_

1. R. THUMB

2. R. INDEX

3. R. MIDDLE

4. R. RING

5. R. LITTLE

6. L. THUMB

7. L. INDEX

8. L. MIDDLE

9. L. RING

10. L. LITTLE

LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY

L. THUMB

R. THUMB

RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY

# APPLICANT

\* See Privacy Act Notice on Back

FD-258 (Rev 9-9-13) 1110-0046

SIGNATURE OF PERSON FINGERPRINTED

RESIDENCE OF PERSON FINGERPRINTED

DATE SIGNATURE OF OFFICIAL TAKING FINGERPRINTS

EMPLOYER AND ADDRESS

REASON FINGERPRINTED

LEAVE BLANK

TYPE OR PRINT ALL INFORMATION IN BLACK  
LAST NAME FIRST NAME MIDDLE NAME

ALIASES AKA

CITIZENSHIP CTZ

YOUR NO. OCA

FBI NO. FBI

ARMED FORCES NO. MNU

SOCIAL SECURITY NO. SOC

MISCELLANEOUS NO. MNU

O  
R  
I

VECHS  
06030248  
FLAD06N30

FBI LEAVE BLANK

DATE OF BIRTH DOB  
Month Day Year

PLACE OF BIRTH POB

SEX RACE HGT. WGT. EYES HAIR

LEAVE BLANK

CLASS \_\_\_\_\_

REF. \_\_\_\_\_

1. R. THUMB

2. R. INDEX

3. R. MIDDLE

4. R. RING

5. R. LITTLE

6. L. THUMB

7. L. INDEX

8. L. MIDDLE

9. L. RING

10. L. LITTLE

LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY

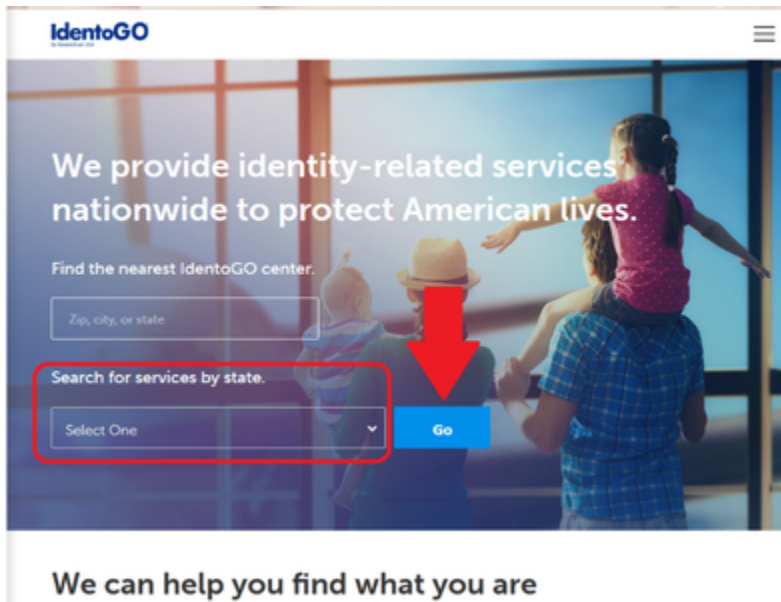
L. THUMB

R. THUMB

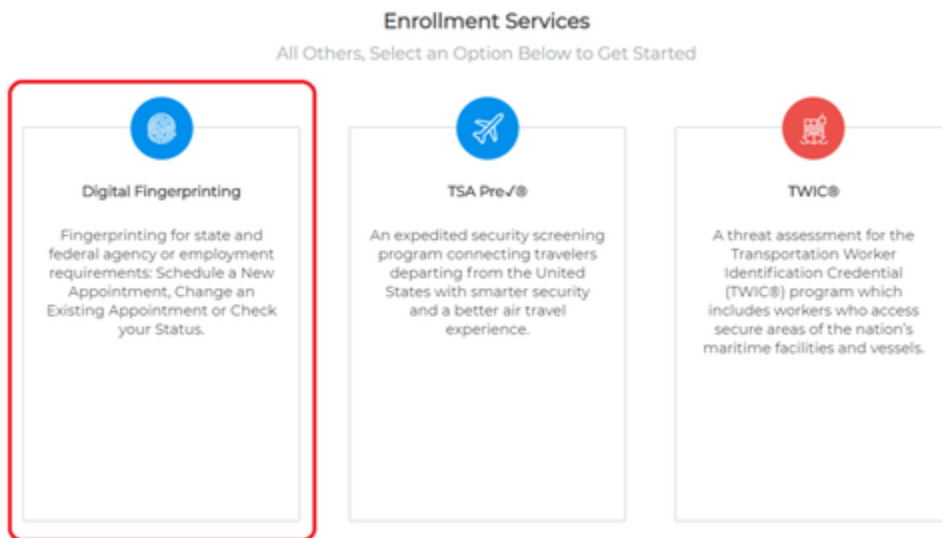
RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY

# NON-RESIDENT VECHS INSTRUCTIONS (MorphoTrust)

1.) Visit the website: [www.identogo.com](http://www.identogo.com) and **select the state of Florida** from the drop down menu and then **select GO**.



2.) You will need to select "Digital Fingerprinting" to continue. **Please Note:** You may need to scroll down to see this option.



3.) Your screen will refresh, Select "**Register for Fingerprint Card Processing Service**" to continue.

# Fingerprinting & Enrollment Services

For Licensing, Certification or Employment requirements in Florida

<b>For New Appointments</b> 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. <a href="#">Schedule a New Appointment</a>	<b>To Mail in Your Fingerprint Card</b> 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. <a href="#">Register for Fingerprint Card Processing Service</a>	<b>To Change an Existing Appointment</b> To reschedule or cancel your appointment, we need to lookup your registration. Please choose one of the below methods to locate your record. <a href="#">Registration ID (REGID)</a> <a href="#">Email Address</a>	<b>For Fingerprint Rejection Notices</b> To schedule your retake appointment, we need to lookup your registration. Please choose one of the below methods to locate your record. <a href="#">Registration ID (REGID)</a> <a href="#">Transaction Control Number (TCN)</a> <a href="#">Email Address</a>
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4.) Choose **VECHS - Volunteer & Employee Criminal History System** from the "Agency Name" drop down menu and Click **GO>**

Please choose your agency or program from the list below.

**agency name**

[Go >](#)

[Reset](#)

5.) Choose "Volunteer" from the drop down menu then enter the following number (**06030248**) in the "Qualified Entity Number" text box then select **GO>**

**YOUR QUALIFIED ENTITY NUMBER IS ALSO LOCATED ON YOUR FINGERPRINT CARD.**

**agency name**

VECHS - Volunteer & Employee Criminal History System

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**choose employee or volunteer:\***

**enter your qualified entity number:\***

[Go >](#)

[Reset](#)

6.) On the next screen, Select "Yes"

To submit Fingerprint Cards for a Florida background check please complete the following steps:

1. **Complete the online registration process.** This ensures we have your individual information and allows us to submit your fingerprints for the required background check without delays.
2. **Pay for Service.** At the end of the online registration, you will be directed to the ePayment site to complete payment. *Please Note:* Fingerprint cards without payment will not be processed.
3. **Mail in your completed fingerprint cards to be processed.** Mailing address will be on your registration completed form.

By continuing this registration process, you are affirming that you are either:

- An out of state resident, or
- Physically unable to be digitally fingerprinted.

7.) Enter your personal information in all fields that have a red \* next to it. Once you have entered all of your information, Select "Submit"

APPLICANT NAME  
first name \* last name \* middle name \* age \* sex \*

APPLICANT ALIAS OR ALIEN NAME  
first name \* last name \* middle name \* age \* sex \*

APPLICANT HOME ADDRESS  
number \* street \* apt/condominium \*  
city \* state \* zip \*

METHODS OF CONTACT  
phone 1 \* phone 2 \* phone 3 \* phone 4 \*  
email \*  
 I prefer email if you have no other contact information  
preferred contact method \* preferred contact time \* preferred contact frequency \*

APPLICANT DEMOGRAPHIC DATA  
date of birth \* gender \* height \* weight \* hair \* eyes \*  
race \* ethnicity \*  
date of arrival \* date of departure \*  
state of birth \* state of arrival \*  
state of residence in Florida \* community address \*

APPLICANT EMPLOYER INFORMATION  
employer name \* employer address \*  
number \* street \* apt/condominium \*  
city \* state \* zip \*

8.) On the next screen you will need to confirm that all of your information is correct, then select GO>

- If your information was NOT Correct, Select "Change" Next to the incorrect information to update it.

### 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 ---->

APPLICATION DETAILS

agency name  
VECHS - Volunteer & Employee Criminal History System

ori number  
V06020012 - Broward College

fingerprint reason  
NCPA VCA VOLUNTEER

APPLICANT DETAILS

9.) Select "Billing Account". **YOU HAVE ALREADY PAID FOR THIS SERVICE.** Then select Go>

Florida

Your fingerprinting fee is \$51.00. Any applicable taxes are not included. Please choose a payment method below.

Visa or Mastercard (pay now)

Billing Account

Yes, I have a referral code to enter

Go >

10.) Enter your "Billing Account Number" then select "Continue".

- Your **Billing Account Number** is: **FLAD06N30**

Florida

Your fingerprinting fee is \$51.00. Any applicable taxes are not included. Please choose a payment method below.

Visa or Mastercard (pay now)

Billing Account

Yes, I have a referral code to enter

Go >

**ENTER YOUR BILLING ACCOUNT NUMBER**

Cancel Continue

If you have any questions with the website, please contact MorphoTrust USA at (800) 528-1358.

11) Take the Provided Fingerprint Card to a location to get your Fingerprints Rolled (ex. Your Local Police Station).

12) Mail the Completed Fingerprint Card to:

Prints, Inc  
IdentoGO Florida Card Scan Operations  
100 Salem Ct.  
Tallahassee, FL 32301

**WE RECOMMEND SENDING YOUR PRINTS VIA PRIORITY MAIL, FEDEX, UPS or OTHER METHOD THAT WILL PROVIDE A TRACKING NUMBER SO YOU CAN ENSURE DELIVERY.**