

### Pennsylvania Non-Resident Cardscan

### **Universal Enrollment Platform Processing Overview**

Cardscan processing is available for those applicants residing outside of Pennsylvania or physically unable to visit an IdentoGo location. In order to complete the process, applicants must complete the following steps.

- 1. Obtain fingerprints on FBI (FD-258) fingerprint card and complete personal information fields on fingerprint card.
- 2. Pre-enroll for cardscan submission at UEnroll.identogo.com. All processing fees will be collected during the pre-enrollment process. A pre-enrollment confirmation page will be provided once registration is complete.
- **3.** Print and sign the completed pre-enrollment confirmation page, which includes the barcode printed on the top right of the page. Mail the signed pre-enrollment confirmation page and the completed fingerprint card to the mailing address provided by your agency or during ths pre-enrollment process. For further instructions, each applicant should contact their employer or agency contacts for those details.

Please review the following pages for more detailed instructions regarding the Universal Enrollment Platform Pre-Enrollment process.

## **IdentoGO**

## **Directions for Pre-enrollment and Payment – Required for ALL Fingerprint Cards**

1. Visit <u>http://uenroll.identogo.com</u> and enter your 6-character Service Code assigned to the agency you plan to submit prints for, then click the **GO** button.



If you have **not yet** been provided a Service Code by the requesting agency, follow the link labeled "Don't know your Service Code? <u>Click Here</u>" to select from a list of agency names or use the agency ORI or contact your agency for assistance.

Ente	r Code	GO
	Dopt Insurvey Consist Code2	
	Don't know your Service Code?	

Please note: Not all agency ORI's may be available with this look up tool.

Please check with your agency, contributor, employer, or licensing administrator for specific information about Service Codes.



2. The next screen is where you are going to select that you would like to submit a fingerprint card for processing.



You will need to confirm that you are wanting to proceed with submitting a fingerprint card for processing. Click 'Continue' to proceed to the next page.

ATTENTION!	
All applicants are strongly encourage Submitting a hard-card should be a li applicants.	d to visit an enrollment center to have their fingerprints collected, sat resort for either out of state applicants or home-bound
<ul> <li>Please be aware that submissi agency, fingerprint reason, or a new fingerprint submission will</li> <li>Fingerprints submitted on hard</li> <li>Processing of hard-card submi your agency</li> </ul>	on of incorrect or invalid data, including but not limited to incorrect applicant demographic data, that results in the need to conduct a be at the applicant's cost. I-cards are typically of lower quality and often result in FBI rejections assions takes significantly longer and will cause delays for you and
Please confirm with your agency or o card.	rganization that you are eligible to submit your fingerprints by hard-
	Cancel

- 3. The next few screens will collect essential information such as name, date of birth, address, etc. You will need to complete <u>all</u> required information.
- 4. Pay for your service using an Authorization Code or Credit Card. If the Service is Auto-Billed to your Agency, payment will not be required.

ay With Credit Card		
Name on Card	* Credit Card Number	
Month * Year	* CSG/GVV	

# **IdentoGO**

5. Once you have submitted your payment, you will be directed to the final registration page. You will need to complete sections 2 and 3 and submit this page along with your fingerprint card for processing. An example of the final screen is shown below.

1 (of 4) - REVIEW IN	IFORMATION	1:	
Date: UE ID: Applicant: Service:		MM/DD/YYYY UE ID Sample Sample Applicant Service Code – Service Code Name	
Total Due:		\$0.00	UE ID Sample
Payments: Card (1111)		Total Charged to Credit Card	
Auth Number:		Credit Card Authorization Number	
Amount Paid as of	MM/DD/YY	Amount Paid	

### 2 (of 4) - SIGN AUTHORIZATION:

I certify that all information I provided in relation to this criminal history record check is true and accurate. I authorize both the Pennsylvania State Police (PSP) and/or MorphoTrust LLC to access Pennsylvania and Federal criminal history record information that pertains to me and disseminate that information to the designated Authorized Agency or Authorized Entity with which I am seeking to be or already am employed by or to serve as a volunteer, as authorized by an applicable state or federal statute or policy. I authorize PSP and/or MorphoTrust LLC to submit my fingerprints and other application information to the FBI for the purpose of comparing the submitted information to available records in order to identify other information that may be pertinent to the application. I authorize the FBI to disclose potentially pertinent information to the PSP and/or MorphoTrust LLC during the processing of this application and for as long hereafter as may be relevant to the activity for which this application is being submitted. I understand that the FBI may also retain my fingerprints and other applicant information in the FBI's permanent collection of fingerprints and related information, where all such data will be subject to comparisons against other submissions received by the FBI and to further disseminations by the FBI's permanent collection of fingerprints and the actor of 1974 (5 USC 552a). I understand my fingerprints will be searched by and against civil, criminal, and latent fingerprints in the Next Generation Identification (NGI) system. I understand I am entitled to obtain a copy of any criminal history record check and challenge the accuracy and completeness of the information before a final determination is made by the Authorized Entity. I also understand the Authorized Entity may deny me access to children, the elderly, or individuals with disabilities until the criminal history record check is completed. If a need arises to challenge the FBI collis Division at FBI CJIS Division at FBI CJIS Division,

```
X
Signature
```

Date

#### 3 (of 4) - PROVIDE APPLICANT CONTACT INFORMATION:

Print Applicant Name (Last, First, Middle)

Applicant Date of Birth (MM/DD/YYYY)

Phone Number

Email or Phone 2

### 4 (of 4) - MAIL DOCUMENTS:

Please mail the following documents per your specific agency instructions:

1. This printed and signed document

2. Completed fingerprint card

NOTE: If your agency requires a Social Security number, please be sure to write the number on the fingerprint card or your fingerprints will not be processed and the packet will be returned

> IDENTOGO CARDSCAN DEPARTMENT 6840 CAROTHERS PKWY STE 650 FRANKLIN, TN 37067-9929