



STATE OF NEW JERSEY

DEPARTMENT OF LAW AND PUBLIC SAFETY
DIVISION OF GAMING ENFORCEMENT
ARCADE BUILDING
TENNESSE AVENUE AND THE BOARDWALK
ATLANTIC CITY, NJ 08401

IDENTIFICATION UNIT

Instructions for Completing Fingerprinting Cards For Out-of-State and Out-of-Country Applicants

If you are required to obtain a credential from the New Jersey Division of Gaming Enforcement and your primary residence is not in New Jersey, you have the option to be fingerprinted at the Division of Gaming Enforcement office in Atlantic City, New Jersey, at an IdentoGO location or follow these instructions. If you live within a 10 mile radius of a New Jersey border you must be fingerprinted at a New Jersey IdentoGO location. To verify if your zip code is within the 10 mile parameter [click here](#).

- Read, complete and notarize the New Jersey Division of Gaming Enforcement Personal History Disclosure form.
- Complete the New Jersey Division of Gaming Enforcement ID Unit Process Form (attached).
- Fingerprinting must be performed by a police department or a private company authorized by the local gaming board to conduct fingerprinting.
- Provide the individual performing the fingerprints with the Applicant Identification Verification Form (attached).
- Provide the individual performing the fingerprints with the three (3) New Jersey fingerprint cards.
NO OTHER FINGERPRINT CARDS ARE ACCEPTABLE.
- To obtain fingerprint cards email the New Jersey Division of Gaming Enforcement at fingerprint@njdge.org or call (609) 402-0485.
- Each fingerprint card must be signed by the applicant in the designated signature block.
- A copy of a valid government issued photo ID, or other Division approved photo identification, must be attached to the upper right hand corner of one of the finger print cards. Please write the name and social security number of the applicant on the border of this copy.
- For additional information, visit www.njdge.org or call 609-441-3050.

NOTE: Digital recording of fingerprints is the preferred method to capture an applicant's fingerprints.

The "ink and roll" method should only be used when digital is not an option.



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INSTRUCTIONS FOR SUBMITTING COMPLETED DOCUMENTS

Include the following completed forms:

- Payment for credential fee
- 3 fingerprint cards
- Personal History Disclosure Form
- Applicant Identification Verification Form
- New Jersey Division of Gaming Enforcement ID Unit Form

A CREDENTIAL WILL BE MAILED TO YOU UPON SUCCESSFUL COMPLETION OF THE APPLICATION PROCESS.

MAIL TO: Division of Gaming Enforcement
Intake/Records & ID Unit
1325 Boardwalk
Atlantic City, NJ 08401

NOTE: Applicant fingerprint cards WILL NOT be accepted in the following cases:

- **There is missing information.** – All information required on the fingerprint cards must be completed with no item omitted.
- **There are missing signatures.** – Note that both the individual being fingerprinted and the person taking the impressions must sign the fingerprint cards.
- **The Personal History Disclosure Form is not completed, signed and notarized.**
- **A photograph is not submitted with the fingerprint cards.**

Any questions concerning the completion of fingerprint cards, should be sent to the following e-mail address:

fingerprint@njdge.org



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DGE USE ONLY: FP # _____ LICENSE # _____

ID UNIT PROCESS FORM

NOTE: THIS FORM MUST BE FILLED IN COMPLETELY.

FIRST: _____ MIDDLE: _____ LAST: _____

STREET NAME: _____ PHONE: _____

CITY: _____ STATE: _____ ZIP CODE: _____

DOB (MM/DD/YYYY): _____ PLACE OF BIRTH: _____

SOCIAL SECURITY NUMBER: _____ COUNTRY OF CITIZENSHIP: _____

SEX: MALE FEMALE NON-BINARY HEIGHT: _____ WEIGHT: _____

MARKS: SCARS TATTOOS AMPUTATIONS

DESCRIBE:

RACE: WHITE BLACK ASIAN/PACIFIC ISLAND NATIVE AMERICAN/ALASKAN OTHER

HAIR COLOR: BLACK BROWN BLOND RED GRAY WHITE BALD

EYE COLOR: BLACK BROWN HAZEL BLUE GRAY GREEN

SIGNATURE: _____ DATE: _____

Applicant Notification and Record Challenge: Your fingerprints will be used to check the criminal history records of the FBI. You have the opportunity to complete or challenge the accuracy of the information contained in the FBI Identification record. The procedures for obtaining a change correction, or updating an FBI identification record are set forth in Title 28, CFR, 16.34.



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APPLICANT IDENTIFICATION VERIFICATION FORM

REQUIRED FOR OUT-OF-STATE AND OUT-OF-COUNTRY FINGERPRINTING

APPLICANT: This document must be completed by the agency that is taking your fingerprints. Please bring this Application Verification Form along with your identification documents to the fingerprint agency.

FINGERPRINT AGENCY: Please verify the identity of the individual you are fingerprinting in accordance with the New Jersey fingerprinting standards found in the Personal History Disclosure Form. Please complete the following information and return this form to the applicant.

APPLICANTS NAME: _____

FORMS OF IDENTIFICATION PRESENTED:

AGENCY NAME:

AGENCY ADDRESS:

AGENCY PHONE NUMBER:

NAME AND TITLE OF INDIVIDUAL TAKING FINGERPRINTS:

If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <https://www.fbi.gov/services/cjis/identity-history-summary-checks> and <https://www.edo.cjis.gov>.

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI by submitting a request via <https://www.edo.cjis.gov>. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)

You have the right to expect that officials receiving the results of the criminal history record check will use it 28 CFR 20.21(c), 20.33(d) and 906.2(d).

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 to the address provided:

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 to your contributor agency.