



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 or follow these instructions.

- 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.
- Each fingerprint card must be signed by the applicant in the designated signature block.
- A photograph of the applicant must be attached to the upper right-hand corner of one of the fingerprint cards. Please write the name and social security number of the applicant on the border of the photograph.
- For additional information, visit www.njdge.org.

NOTE: Digital recording of fingerprints is the preferred method to capture an applicant's fingerprints. The "ink and roll" method should not be used.



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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 Tennessee Ave. & 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 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: