

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

1. Visit <http://uenroll.identogo.com> and enter your 6-character Service Code assigned to the agency you plan to submit prints for, then click the GO button. If you do not know your Service Code, please contact your licensing agency or employer.

The screenshot shows the IdentoGO website interface. At the top left is the IdentoGO logo with the tagline "By MorphoTrust USA". At the top right is a link for "Español". The main content area has a dark background with the text "Enter your Service Code to get started." Below this is a text input field labeled "Enter Code" and a blue "GO" button. Underneath the input field, it says "Don't know your Service Code? Contact your agency or [click here.](#)" and "IdentoGO® has a growing number of convenient locations across the U.S. to meet your identity-related needs." Below this are two main service options: "Check the Status of your Service" (with a checkmark icon) and "Manage an existing Appointment" (with a calendar icon). At the bottom, there are three service categories: "Photo Services" (with a camera icon), "Texas Personal Review" (with a checkmark icon), and "Fingerprint Cards" (with a fingerprint icon).

2. On the following screen, click the “**Submit A Fingerprint Card by Mail**” button.

The screenshot shows a "Select a Service Option" screen. At the top, there is a blue arrow pointing right with the text "Select a Service Option". Below this is the instruction "Please select a service option or click 'Back' to select another program." There are five service options listed, each with a title and a brief description: "Schedule or Manage Appointment" (Schedule an in-person appointment or change an existing appointment.), "Submit A Fingerprint Card by Mail" (Complete the pre-enrollment information necessary to submit a fingerprint card enrollment by mail.), "What do I need to bring to enrollment?" (Find out which documents you need to bring to the enrollment center to facilitate processing.), "Check Status" (Check the status of your service.), and "Locate an Enrollment Center" (Locate and get directions to an enrollment center near you.). At the bottom left is a "Cancel" button. At the bottom center is the copyright notice "© 2015 Copyright MorphoTrust USA".

3. On the following screens, complete all required fields – marked with an \*

Essential Info > Citizenship > Personal Questions > Perso

\* Required Fields

Please enter your information below (letters, spaces, hyphens (-), and apostrophes (') are allowed in name fields). Then click 'Next' to check the status of your service or 'Cancel' to exit.

Name / Method of Contact     UE ID / Date of Birth

**Notes:**

- Legal Name must match exactly on all identification documents brought to enrollment.
- Remember the phone numbers and/or email address provided below, as they will be used to retrieve your information during your in-person enrollment.

**Legal Name**

\* First Name

\* Middle Name (or NMN if no middle name)

\* Last Name

Suffix  
-- Choose One --

**Date of Birth**

\* Date of Birth

\* Confirm Date of Birth

\* Method of Contact (at least one method is required)

Email

Confirm Email

4. Pay for your service using one of the options offered - Credit Card or Authorization Code.

Enter Payment Information > \* Required fields

Please enter your payment information below. Then click 'Next' to complete your transaction or 'Cancel' to exit.

Pay with Credit Card

\*Name on Card

We accept:    

\*Credit Card Number

\*Expiration Date  /     \*CSC/CVV

NOTE: Credit Card payments are subject to a 2.1% convenience fee.

Email Receipt To:

**Total Amount Due \$40.58**  
**(non-refundable)**

Pay with Authorization Code

5. Print, sign and attach the confirmation page to the matching fingerprint card and mail to MorphoTrust at the address listed on the bottom of the page.

Thank you for using IdentoGO Enrollment Services. Your transaction summary is below.



**Important!**

**YOU ARE REQUIRED TO PRINT, SIGN AND MAIL THIS DOCUMENT WITH YOUR FINGERPRINT CARD.**

Status as of 11/19/2015

**Pre-Enrolled**

You have successfully pre-enrolled.

**Step 1 (of 4) - REVIEW INFORMATION**

Date: **11/19/2015 @ 11:03 AM**  
UE ID: **UZTX-193H9F**  
Amount Due: **\$40.58**  
Amount Paid: **\$40.58**  
Method: **CARD (ending in 1475)**  
Auth Number: **00041C**



**UZTX-193H9F**

**Step 2 (of 4) - SIGN WAIVER**

I certify that all information I provided in relation to this criminal history record check is true and accurate. I authorize the Texas Department of Public Safety (DPS) to access Texas and Federal criminal history record information that pertains to me and disseminate that information to the designated Authorized Agency or Qualified Entity with which I am or am seeking to be employed or to serve as a volunteer, through the DPS Fingerprint-based Applicant Clearinghouse of Texas and as authorized by Texas Government Code Chapter 411 and any other applicable state or federal statute or policy. I authorize the Texas Department of Public Safety 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 DPS 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 as may be authorized under the Privacy Act 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 Qualified Entity. I also understand the Qualified 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 record response, you may contact the agency that submitted the information to the FBI, or you may send a written challenge request to the FBI's Criminal Justice Information Services (CJIS) Division at FBI CJIS Division, Attention: Correspondence Group, 1000 Custer Hollow Road, Clarksburg, WV 26306.

X

Signature

Date

**Step 3 (of 4) - PROVIDE APPLICANT CONTACT INFORMATION**

Applicant Name (Last, First, Middle)

Applicant Date of Birth (MM/DD/YYYY)

Phone Number

Email or Phone 2

**Step 4 (of 4) - MAIL DOCUMENTS TO MORPHOTRUST**

Please mail the following documents to the MorphoTrust USA address provided below:

1. This printed and signed document.
2. Completed fingerprint card

**NOTE:** If your agency requires a Social Security number, please write it on the card or we will not be able to process your enrollment.

MorphoTrust USA  
Texas Cardscan Processing  
3051 Hollis Drive, Suite 310  
Springfield, IL 62704

Schedule an Appointment Instead

Print a Copy

DONE