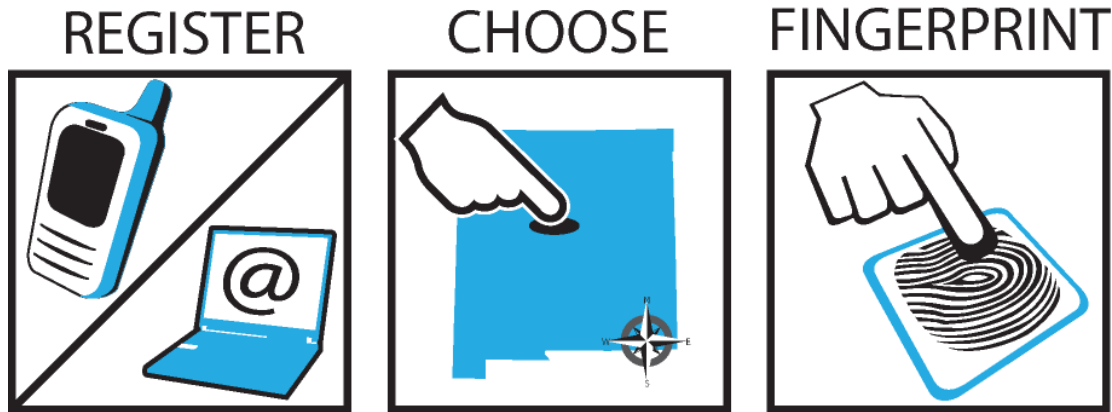
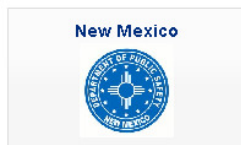


HOW TO REGISTER AND COMPLETE YOUR APPLICANT FINGERPRINT BACKGROUND CHECK



Go to www.cogentid.com and register online or you can call **877-996-6277** to register over the phone.

1. Click on the New Mexico Icon



2. Click on Register Online for a Background Check



<p>Applicant Use</p> <ul style="list-style-type: none">> Register Online for a Background Check> Already registered with DOH? Click here> Cancel an existing registration> Modify an existing registration> Print a registration receipt> Print a fingerprint submission receipt	<p>Agency Use</p> <ul style="list-style-type: none">> Login for Invoices and Reporting> Available types of Agency Pay accounts> Enroll for an Agency Pay account> Enroll for CHRI Reviewing account> Reprint enrollment form> How to fund your escrow
<p>Useful Information</p> <ul style="list-style-type: none">> Fingerprint Location Map> FAQ'S - Answers to common questions> How to Register for Fingerprinting	<p>Fingerprint Site Use</p> <ul style="list-style-type: none">> Fingerprint Site Login> Interested in becoming a fingerprint location? Click here!

3. Enter demographic information

HOW TO REGISTER AND COMPLETE YOUR APPLICANT FINGERPRINT BACKGROUND CHECK

Transaction Information

Payment Type: **Money Order** *

User Defined Field:

Fingerprint Card Information

Reason: **SELECT** *

Employer Name:

Employer Address 2:

Employer State: **SELECT** *

Occupation:

ORI: **COGENTCRI** *

Employer Address 1:

Employer City:

Employer Zip:

Controlling Agency: **COGENTCRI** *

Personal Information

Last Name: **_____** *

Middle Name:

Aliases:

Social Security No SOC: **_____** *

Place of Birth POB: **SELECT** *

Sex: **SELECT** *

Eye Color: **SELECT** *

Height: **SELECT** *

Address 1: **_____** *

City: **_____** *

Zip: **_____** *

Driver License State: **SELECT** *

Email: **_____** *

I don't have email address

First Name: **_____** *

Suffix: **SELECT** *

Date of Birth: **_____** (MMDDYYYY) *

Reenter SOC: **_____** *

Country of Citizenship CTZ: **SELECT** *

Race: **SELECT** *

Hair Color: **SELECT** *

Weight: **_____** *

Address 2:

State: **SELECT** *

Phone: **_____** *

Driver License No:

Note: Highlighted fields are required and marked by a *

4. Enter payment information

Step 3 - Credit Card Payment


Registration Information

Registration ID: **ADE1116556041621** Name: **TARTAR JOHN**

Transaction Type: **Teachers Certification Act No 99-361**

Transaction Fee: **\$ 54.15**

* Fields with the yellow background color are required. [Important notice regarding failed payments and google toolbar](#)

<p>Credit Card Information</p> <p>Credit Card Type  Select Card Type</p> <p>Card Number _____</p> <p>Card Verification Code (CVV2) _____</p> <p>Expiration Date Select Month Select Year</p> <p>Name As It Appears On Card _____</p>	<p>Billing Address</p> <p>Street Address _____</p> <p>City _____ State Select State</p> <p>Zip Code _____</p> <p>Daytime Phone Number (_____) _____ - _____ Ext. <input type="text"/></p> <p>Email Address <input type="text"/></p>
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HOW TO REGISTER AND COMPLETE YOUR APPLICANT FINGERPRINT BACKGROUND CHECK

5. Write down your registration ID #

Thank you for Registering

Date: 1/6/2011

Registration ID: ADE1116602436863

ORI:

Last Name: JOHN

First Name: TARTAR

Transaction Type: Teachers Certification Act No 99-361

Payment Type: MO

NOTE: There are multiple registrations for this SSN, you must take the registration receipt with you to the fingerprint site and use the Registration ID to be fingerprinted.

Please purchase MO or Cashier's check in the amount of \$54.15 and payable to Cogent Systems and bring it together with this receipt to the fingerprint site.

[Print Receipt](#)

[Register another applicant](#)

[Home](#)

6. Take your registration ID to the front counter and they will take your fingerprints.
7. Fingerprints are electronically sent to the state and FBI. You will not receive a copy of your fingerprint cards. Results will be sent to the agency automatically within 2-3 days.