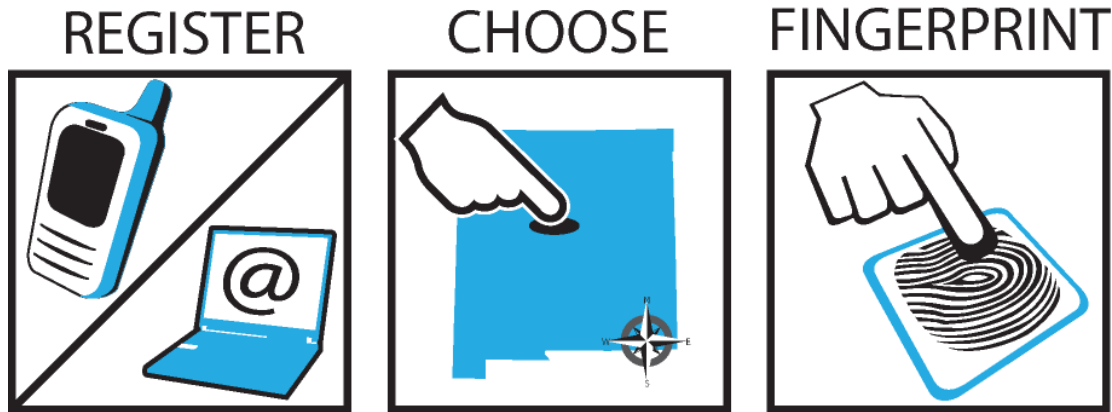
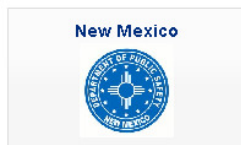


HOW TO REGISTER AND COMPLETE YOUR APPLICANT FINGERPRINT BACKGROUND CHECK



Go to cogentid.3m.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



Applicant Use	Agency Use
<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	<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
Useful Information	Fingerprint Site Use
<ul style="list-style-type: none">> Fingerprint Location Map> FAQ'S - Answers to common questions> How to Register for Fingerprinting	<ul style="list-style-type: none">> Fingerprint Site Login> Interested in becoming a fingerprint location? Click here!

HOW TO REGISTER AND COMPLETE YOUR APPLICANT FINGERPRINT BACKGROUND CHECK

3. Enter demographic information

Transaction Information

Payment Type: **Credit Card** *

STOP No unemployment cards, child support cards or gift cards are accepted.

Fingerprint Card User (Out of State Applicants ONLY, all other cards will be returned)

***You must use the ORI lookup to enter an ORI and Reason**
****For Concealed Carry - CCW: Click ORI Lookup and type "DPS" as the Agency Name**

ORI: **NM920170Z** *

Reason: **6-2E-11 GAMING APPLICANTS** *

Personal Information

First Name: **JOHN** * Middle Name:

Last Name: **DOE** * Suffix: **SELECT**

Aliases: Date of Birth: **01011990** (MMDDYYYY) *

Social Security No SOC: Reenter SOC:

Place of Birth POB: **NEW MEXICO** * Country of Citizenship CTZ: **UNITED STATES** *

Sex: **Male** * Race: **White (including Latino)** *

Weight: **200** * Height: **5'10** *

Hair Color: **Brown** * Eye Color: **Brown** *

Driver License No: **NM5423456** Driver License State: **NEW MEXICO**

Address Information

Address 1: **123 ONE DRIVE LN** * Address 2:

City: **ALBUQUERQUE** * State: **NEW MEXICO** *

Zip: **87113** * Phone: **5051234567** *

Email: **Doe@email.com** * I don't have email address

Employer Information

Employer Name: Employer Address 1:

Employer Address 2: Employer City:

Employer State: **SELECT** * Employer Zip:

Occupation:

Note: Highlighted fields are required and marked by a *.

**It's important to select the correct ORI when registering, otherwise your information will be submitted to a different agency and delay the processing of your application.

Click on the ORI Lookup button, a new window will appear, enter **gaming** in the Agency field and click Search, the following should appear:

NM920170Z GAMING CONTROL INVESTGATIVE SERVICES DIVISION 60-2E-11 GAMING APPLICANTS

At the bottom of the window click on the Select button.

4. Enter payment information



Applicant Fingerprinting Online Services






Step 3 - Credit Card Payment

Registration Information

Registration ID:	NM0227121	Name:	JOHN DOE
Transaction Type:	6-2E-11 GAMING APPLICANTS		
Transaction Fee:	\$44.00		

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

Credit Card Information

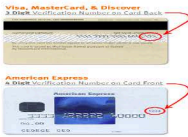
Credit Card Type
Select Card Type   

Card Number

Card Security Code (CSC)
*It is NOT the last 4 digits of the credit card number.

Expiration Date
Select Month Select Year

Name As It Appears On Card



Billing Address

Street Address

City State

Zip Code

Daytime Phone Number
() - Ext.

Email Address

Pay

NOTE: Please do not click the back button of the browser and click only once on the "Pay" button. If you cannot see the receipt page after 20 seconds, please go to the cogentid.com home page, find the program you are register for, and click "Print Receipt" link to check whether your payment is successful.

HOW TO REGISTER AND COMPLETE YOUR APPLICANT FINGERPRINT BACKGROUND CHECK

5. Write or Print your registration ID #

Thank you for Registering

Date: 1/6/2011

Registration ID: ADE1116602436863

ORI:

Last Name: JOHN

First Name: DOE

Transaction Type:

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 \$44.00 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 an authorized Cogent location 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.
8. Attach a copy of the Fingerprint Capture and Successfully Transmitted receipt with your application.