

NYS DEPARTMENT OF FINANCIAL SERVICES - REQUEST FOR FINGERPRINT CARD SERVICES

1. AGENCY INFORMATION

The ORI below relates only to applications for Check Casher, Sales Finance, Premium Finance, Money Transmitter, Budget Planner and Licensed Lender. Make sure you have the correct ORI number for your application.

ORI: **NY921822Z**

Contributing Division:

LICENSED FINANCIAL SERVICES

Below please Indicate the specific industry type under which your application is being filed:

Reason for fingerprints:

2. APPLICANT INFORMATION

Complete the information below and submit this form to the Department as part of your application.

Check One: New Submission Re-Submission

Name of Applicant:

Alias/Maiden Name:

Street Address:

City, State and Zip:

Date of Birth (mm/dd/yyyy):

Country of Birth (*If U.S., enter State*):

Country of Citizenship:

Sex: Male Female

Below please provide information about your physical appearance. This information will be verified at your appointment.

Height: Ft. In. Weight: Lbs. Hair Color: Eye Color:

Race:

**FOR RACE (LEFT)
ENTER ONE OF THE
FOLLOWING LETTERS:**

**A-ASIAN/PACIFIC ISLANDER
B-BLACK
I-NATIVE AMERICAN INDIAN**

**U-UNKNOWN/
INDETERMINABLE
W-WHITE**

Ethnicity:

Hispanic

Non-Hispanic

3. PAYMENT INFORMATION

In this section, indicate the method you are using to pay for scanning services by checking the appropriate box and completing the associated information. Payment options include: personal or business check, certified check, bank check, money order or credit card. If you pay by third-party check, clearly print the applicant's name at the top of the check.

Check or Money Order Checks and money orders should be made **payable to L-1 Enrollment Services.**

Check Number:

Credit Card

Credit Cards **MUST** have a **US billing address.**

MasterCard

Visa

American Express

Discover

Card Number:

Expiration
Date:

Signature: