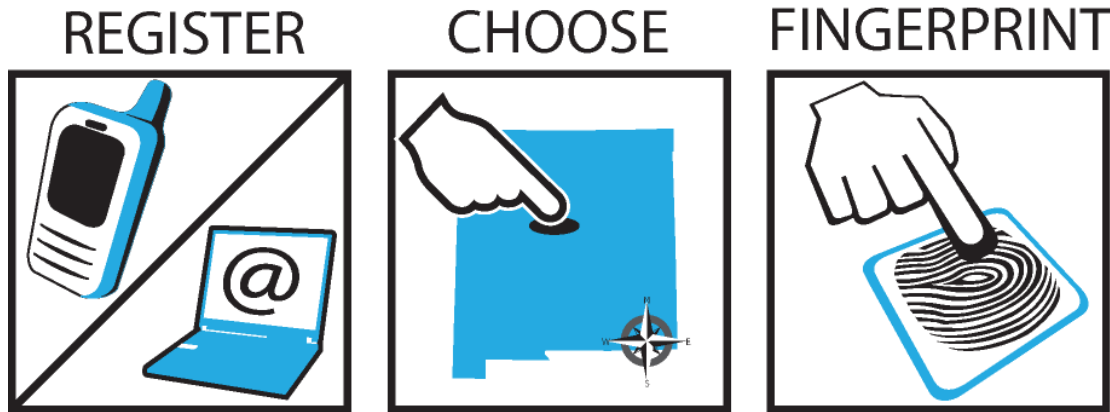
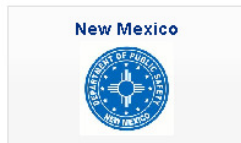


HOW TO REGISTER AND COMPLETE YOUR APPLICANT FINGERPRINT BACKGROUND CHECK



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



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!

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:

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](#)

Credit Card Information

Credit Card Type

Select Card Type



Card Number

Card Verification Code (CVV2)

Expiration Date

Select Month

Select Year

Name As It Appears On Card

Billing Address

Street Address

City

State

Select State

Zip Code

Daytime Phone Number

() - Ext.

Email Address

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.