NYS Card Scan Information Form

Please Print Clearly

Contributor Agency Section:

ORI: NY922170Z
Contributor Agency: NYS Justice Center – OPWDD – CBC Unit
Reason Fingerprinted: Local Service Applicant

Job Type: Direct Service Provider_____
(Please check one) Family Care _____
Volunteer _____
Operator _____

Provider ID Number:_____
(available on Justice Center CBC system and online at www.justicecenter.ny.gov on the Pre-Employment tab)

Applicant Section:

☐ New Submission ☐ Resubmission

Name of Applicant: Last _____First_____ M.I. _____

Alias / Maiden Name:
_____

Street Address:
_____

City, State, & Zip:
_____

Date of Birth: _____ Age: _____ Sex: ☐ Male ☐ Female

Race: _____ Ethnicity: ☐ Hispanic ☐Non-Hispanic

Height: _____ft. _____in. Weight: _____lbs.

Skin Tone: _____ Eye Color: _____ Hair Color: _____

State/Country of Birth: _____ Country of Citizenship: _____

Phone number or email address where applicant can be reached if there is a question about the fingerprint card: _____ *(REQUIRED)*