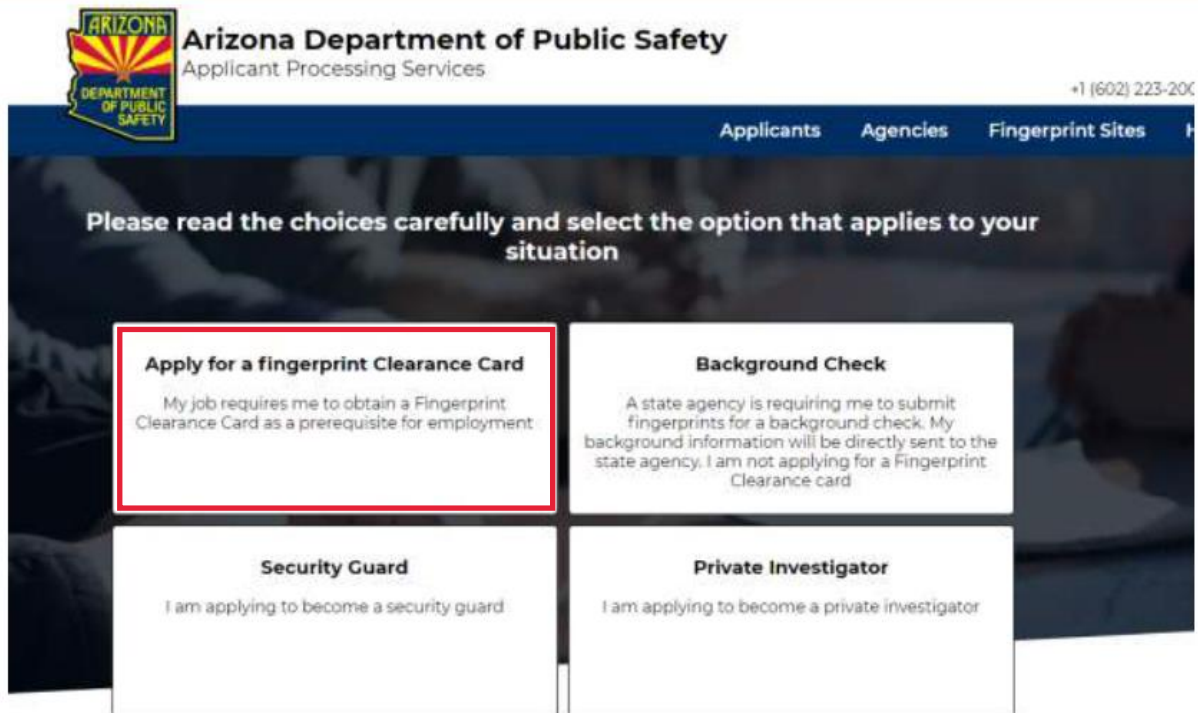


APPLICANT REGISTRATION

To start, please go to <https://www.aps.gemalto.com/az/index.htm>



Click 'Apply for a Fingerprint Clearance Card' (for first time applicants and IVP renewals).

Clearance Card Prints

STATE OF ARIZONA
DEPARTMENT OF PUBLIC SAFETY
Level One Fingerprint Clearance Card

Name: AZTESTEEEEEE A. AZTESTEEEEEE

Birth Date: 11/1/1991 Issue Date: 11/1/2016

M 190 6 00 BLK GRY
Sex Weight Height Eyes Hair

Card Number: 4A01780029 Expire Date: 11/1/2022
IVPE007108

If you select IVP Renewal you must have your IVP card, as shown in the picture above and you will need to provide the IVP number along with your date of birth on the next page.

* IVP NEW or NON-IVP/REGULAR/LEVEL 1

To obtain a fingerprint clearance card for the **first** time, click '**New Application**' and skip to page 4 of this instruction guide. For IVP card **renewal**, click '**IVP Renewal**'.

IVP RENEWAL

Please validate your IVP Number

IVP Number:

Birth Date:

STATE OF ARIZONA
DEPARTMENT OF PUBLIC SAFETY
Level One Fingerprint Clearance Card

Name: AZTESTEEEEEE A. AZTESTEEEEEE

Birth Date: 11/1/1991 Issue Date: 11/1/2016

M 190 6 00 BLK GRY
Sex Weight Height Eyes Hair

Card Number: 4A01780029 Expire Date: 11/1/2022
IVPE007108

Enter in the **IVP** number located on the bottom of your Fingerprint Clearance Card. Once information is verified the Privacy Act Statement will appear, please read, accept terms and press '**CONTINUE**'.

Select the Reason(s) you are applying for a Fingerprint Clearance Card

IDENTITY VERIFIED PRINTS (IVP) APPLICATIONS

- ARS 28-3228 School Bus Driver
- ARS 15-512 Public and/or Charter School Non-certificated personnel
- ARS 15-512 Public and/or Charter School Contractor, Subcontractor or Vendor and their Employees
- ARS 15-534 State Board of Education (Teacher or Other Certification)
- ARS 15-534 Tutor or Teacher Preparation Programs
- ARS 15-183 Charter School Instructor

PROCEED TO APPLICATION

Select the appropriate application based on your current employment.

You will now enter in your personal information and method of payment. After you have entered in all required information, click **'SUBMIT'**. You will receive a receipt and an email from the Department of Safety with your Application number, please provide that number to HR.

NEW APPLICATION

ARIZONA
DEPARTMENT
OF PUBLIC
SAFETY

Arizona Department of Public Safety
Applicant Processing Services

+1 (602) 22

Applicants Agencies Fingerprint Sites

Step 1 - Please Enter Your Information Required Fields *

Transaction Information

Reason(s) for Fingerprinting
State Board of Pharmacy - License - ARS 32-1904
Payment Type *
Credit Card

Personal Information

Last Name * First Name *

You will now enter in your personal information and method of payment. After you have entered in all required information, click 'SUBMIT'.

Step 3 - Registration Complete

Receipt

Registration ID
AZDPS2065509048908

Last Name
DOE

First Name
TEST

Reason for Fingerprinting

A email has been sent to @THALESGROUP.COM Please check your email and click the link to verify your email address within the next 24 hours to complete your registration.

PRINT RECEIPT CLOSE

You will now get a notice in your email to confirm your registration and pay if payment type if CreditCard. Registration will **cancel** if not confirmed within **24** hours.



Confirm Email Address

Registration ID: AZDPS2065509040908

Thank you for registering with the Arizona Applicant Processing Service (AAPS).

Please click the button below to confirm your email address and to complete your registration:

[Confirm Email](#)

Please click [here](#) if you are not redirected within a few seconds.

If you need assistance, please contact us at 1-888-439-2512 or email us at [626463-6000](mailto:6264636000).

Gemalto Cogent Inc

Confirm your registration by clicking 'Confirm Email', once done, it will provide you a screen to pay for the registration if payment type is CreditCard.

Arizona Applicant Processing Services

Account Activation

Your registration has been confirmed. You are now able to pay and proceed to a livescan site to have your fingerprints taken.

[Pay Now](#)



Perform Payment

Please enter your information to perform payment

Registration ID:

Last Name:

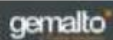
First Name:

Date of birth: (MMDDYYYY)

Clear

Submit

Enter in the required information and it will take you to the Credit Card Payment screen.



Credit Card Payment

[Important notice regarding failed payments and google toolbar](#)

Registration Information

Registration ID	Name	Transaction Type	Transaction Fee
AZDPS20655M9048908	TEST.DOE		\$75.25

Credit Card Information

Credit Card Type
Select

Name as it appears on Card

Billing Address

Street Address

City

State

Select State

Card Number

Zip Code

Phone Number

Exp. Month

Select Month

Exp. Year

Select Year

Email

Card Security Code

Visa, MasterCard & American Express
Check to ensure your card is valid

Do not click the Back button on the browser and click the "Pay" button only once. If you cannot see the correct page

Once your payment is complete, please save or print the receipt (**with the barcode**) to take with you to your nearest fingerprinting location.

Registration ID: AZDPS2065509048908
ORI: AZDPS2000ACCT - ACCT
Last Name: DOE
First Name: TEST
Transaction Type:
Payment Type: Credit Card
Transaction Fee: 75.25
Payment Confirmation #: 4006532985
Message:



To find a fingerprinting location near you, click '**OUR LOCATIONS**'. Please **ONLY** use the fingerprinting locations listed, otherwise your fingerprint will not be processed.

Once you have had your fingerprints taken you will receive an email from the Department of Safety with your Application number, please provide that number to HR.

