

Ink Card Submission Fingerprinting Instructions

1. Provider screens applicant using the Registry Checks in OK-SCREEN.
2. Provider generates Authorization to Fingerprint (ATF) form for applicant from OK-SCREEN.
3. Provider or applicant goes to Identogo site: <http://www.identogo.com/FP/Oklahoma.aspx> to schedule submission of Ink Card and generates a registration form.
4. The screen captures are shown on the following pages but you must select OK-SCREEN from the drop down menu and then then select **Pay for Ink Card Submission** from the Appointment Details page.



Oklahoma

Appointment Details

If you are using assistive technology (such as a screen reader) or have problems using the scheduler below, please follow this link to our alternative appointment scheduler.

[← Return to Start](#)

[Pay for Ink Card Submission](#)

Enter a zip code to determine the closest fingerprinting location.

[go](#)

or

Please choose the region you will be in for your identification appointment.

Central [go](#)

5. **A \$10 fee must be paid online or mailed to the Identogo. If paying online, be sure to select “Pay for Ink Card Submission” in the appropriate drop-down (this is the recommended method).**
6. Provider gives applicant Registration Form and ATF with or without a blank card.
7. Applicant goes to Law Enforcement or other site to be fingerprinted.

Note: the applicant pays whatever fee is set by that site in addition to the \$10 paid to Identogo.

- a. If applicant brings a pre-printed card, the applicant gives the card with pre-printed ORI# for printing.
 - b. If the applicant does not bring a card, the site prints the applicant on their card. The site may write the ORI from the Authorization to Fingerprint (ATF) form on the card. The correct ORI# for the Oklahoma National Background Check Program is: OK920150Z.
8. Applicant mails card with Registration form to the address indicated on the IndetoGO registration form.
 9. Please remember that Ink Card fingerprinting may add up to two (2) weeks to the determination process.

IdentoGO Screen Captures

IdentoGO
By MorphoTrust USA

Oklahoma

Welcome

Welcome. The following pages will ask you for information needed to schedule and process your background check. If you have problems feel free to call us at (877) 219-0197.

First Name
Last Name

For Existing Appointments

I received a rejection notification and need to schedule an appointment.
 I have an existing appointment I would like to change.

If you have any questions with the website, please contact L-1 Enrollment Services at (877)219-0197.

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IdentoGO
By MorphoTrust USA

Oklahoma

Application Details

Please choose your agency or program from the list below.

Agency Name

IdentoGO
By MorphoTrust USA

Oklahoma

Application Details

Please choose your agency or program from the list below.

Agency Name



If you have any questions with the website, please contact L-1 Enrollment Services at (877)2

Application Details

Please choose your agency or program from the list below.

Agency Name

Go

Application Details

Determination Number

Last Name

Date of Birth (mm/dd/yyyy)

FirstTour

Go

If you have any questions with the website, please contact L-1 Enrollment Services at (877)219-0197.

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Application Details

Determination Number

Last Name

Date of Birth (mm/dd/yyyy)

Go

Appointment Details

If you are using assistive technology (such as a screen reader) or have problems using the scheduler below, please follow this link to our alternative appointment scheduler.

[<-- Return to Start](#)



[Pay for Ink Card Submission](#)

Enter a zip code to determine the closest fingerprinting location.

[go](#)

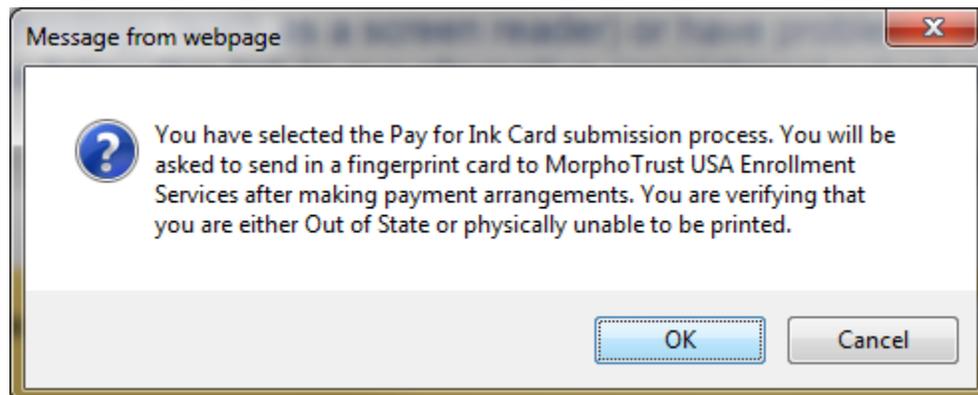
or

Please choose the region you will be in for your identification appointment.

Central

[go](#)

[Click Here
for a map of
Oklahoma](#)



Applicant Information

Instructions

Items marked with an * are required. A red exclamation mark will appear to the right of any field that has an error. Click on the exclamation mark for a description of the error.

Applicant Name

First Name Overview	Middle Name	Last Name FirstTour
------------------------	-------------	------------------------

Methods of Contact

Daytime Phone Number * ### ### ####	Daytime Phone Type * ▼	Evening Phone Number ### ### ####	Evening Phone Type ▼
Daytime Email		Evening Email	
Preferred Contact Method ▼	Preferred Contact Time ▼	Contact Notes/Instructions	
<input checked="" type="checkbox"/> Yes, please email me educational materials, special offers and information about other L-1 products and services.			

Applicant Demographic Data

Citizen Country * United States

After You Have Entered All Required Information ----> [Send Information](#)

Your privacy is important to us. At this website, we attempt to protect your privacy to the maximum extent possible. The sensitive personal information requested on this secure site is required by Oklahoma and the Federal Bureau of Investigation to process your criminal history background check. Contact information such as home phone and email address will be used only to notify customers when appointments must be rescheduled and will never be released to third parties.

If you have any questions with the website, please contact L-1 Enrollment Services at (877)219-0197.

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Applicant Information

Instructions

Items marked with an * are required. A red exclamation mark will appear to the right of any field that has an error. Click on the exclamation mark for a description of the error.

Applicant Name

First Name Overview	Middle Name	Last Name FirstTour
------------------------	-------------	------------------------

Methods of Contact

Daytime Phone Number * 405-271-6868	Daytime Phone Type * Work	Evening Phone Number ### ### ####	Evening Phone Type ▼
Daytime Email james@health.ok.gov		Evening Email	
Preferred Contact Method Daytime Phone	Preferred Contact Time Afternoon	Contact Notes/Instructions Dummy Facility Submitting prints for applicant	
<input checked="" type="checkbox"/> Yes, please email me educational materials, special offers and information about other L-1 products and services.			

Applicant Demographic Data

Citizen Country * United States

After You Have Entered All Required Information ----> [Send Information](#)

Your privacy is important to us. At this website, we attempt to protect your privacy to the maximum extent possible. The sensitive personal information requested on this secure site is required by Oklahoma and the Federal Bureau of Investigation to process your criminal history background check. Contact information such as home phone and email address will be used only to notify customers when appointments must be rescheduled and will never be released to third parties.

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Information Verification

YOUR APPOINTMENT IS NOT YET COMPLETE

Please review all of the following information.
If any of this information is incorrect, please click the change button at the bottom of each section to make any needed changes to that section.

If All Information Appears Correct ---->

[go](#)

Application Details (1)

Agency Name: Oklahoma State Department of Health
ORI Number: OK1234567
Fingerprint Reason: CMS NBCP 6201

Applicant Details

Name: Overview FirstTour	
Alias 1:	
Home Address: 1234 Street St. Tulsa, OK 12345	
Country: United States	
Daytime Phone Number: 405-271-6868	Daytime Phone Type: Work
Evening Phone Number:	Evening Phone Type:
Daytime Email: james@health.ok.gov	
Evening Email:	
Preferred Contact Method: Daytime Phone	

Information Verification

YOUR APPOINTMENT IS NOT YET COMPLETE

Please review all of the following information.
If any of this information is incorrect, please click the change button at the bottom of each section to make any needed changes to that section.

If All Information Appears Correct ---->

[go](#)

Application Details (1)

Agency Name: Oklahoma State Department of Health
ORI Number: OK1234567
Fingerprint Reason: CMS NBCP 6201

Applicant Details

Name: Overview FirstTour	
Alias 1:	
Home Address: 1234 Street St. Tulsa, OK 12345	
Country: United States	
Daytime Phone Number: 405-271-6868	Daytime Phone Type: Work
Evening Phone Number:	Evening Phone Type:
Daytime Email: james@health.ok.gov	
Evening Email:	
Preferred Contact Method: Daytime Phone	
Preferred Contact Time: Afternoon	
Contact Notes/Instructions: Dummy Facility Submitting prints for applicant	
Date of Birth: 01/01/1980	
Gender: Female	
Height: 06 ft. 03 in.	
Weight: 150 lbs.	
Race: Black	
Hair Color: Blonde	
Eye Color: Brown	
Place of Birth: Oklahoma	
Citizen Country: United States	

To change any information in this section >>>>>

[Change Applicant Details](#)

If All Information Appears Correct ---->

[go](#)

Applicant Details

Name: Overview FirstTour	
Alias 1:	
Home Address: 1234 Street St. Tulsa, OK 12345	
Country: United States	
Daytime Phone Number: 405-271-6868	Daytime Phone Type: Work
Evening Phone Number:	Evening Phone Type:
Daytime Email: james@health.ok.gov	
Evening Email:	
Preferred Contact Method: Daytime Phone	
Preferred Contact Time: Afternoon	
Contact Notes/Instructions: Dummy Facility Submitting prints for applicant	
Date of Birth: 01/01/1980	
Gender: Female	
Height: 06 ft. 03 in.	
Weight: 150 lbs.	
Race: Black	
Hair Color: Blonde	
Eye Color: Brown	
Place of Birth: Oklahoma	
Citizen Country: United States	

To change any information in this section >>>>

If All Information Appears Correct ---->

Formerly known as L-1 Enrollment



Oklahoma

Payment Collection

Your total is \$10.00. Please choose a payment method below.

1) Method of Payment

If you have any questions with the website, please contact L-1 Enrollment Services at (877)219-0197.

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Payment Collection

Your total is \$10.00. Please choose a payment method below.

1) Method of Payment

Billing Account -

2) Account Number

99999999

3) Referral Code - What is this?

564

4)

If you have any questions with the website, please

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Message from webpage

This is an optional field. If you were not provided with a referral code by your agency, then you do not need to enter anything in this field.

Formerly known as L-1 Enrollment

Payment Collection

Your total is \$10.00. Please choose a payment method below.

1) Method of Payment

Business Check (pay onsite) -

2) Remember to bring your payment with you to your appointment. You will not be fingerprinted without payment.

3) Referral Code - What is this?

4)

If you have any questions with the website, please contact L-1 Enrollment Services at (877)219-0197.

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Oklahoma

Registration Complete

[Register Another Applicant](#)

Print

Registration Completed for Overview FirstTour

Payment Details

Remember to bring your payment with you to your appointment. You will not be fingerprinted without payment.

The following payment methods are accepted on site: Money Order and Business Check.

Your total is \$10.00.



Registration Complete

[Register Another Applicant](#)

[Print](#)

Registration Completed for Overview FirstTour

Payment Details

Remember to bring your payment with you to your appointment. You will not be fingerprinted without payment.

The following payment methods are accepted on site: Money Order and Business Check.

Your total is \$10.00.

Reminders

The fingerprint card along with the appropriate fee, if required and not paid by Escrow Account or Credit Card at the end of registration, should then be sent to the following address (for tracking & security reasons, it is recommended that a shipping service with tracking service be utilized):

MorphoTrust USA
Oklahoma Cardscan Processing ZS14000004M
1650 Wabash Avenue, Suite D
Springfield, IL 62704

Use the address provided here.

Please include at least two (2) means of contact for each applicant for which a fingerprint card is submitted where the applicant can be reached if there are any questions related to the processing of the fingerprint card (for example, a daytime and evening telephone number or a cell phone number and email address, etc).

Applicants wishing to verify that a fingerprint card has been processed may call (877) 219-0197 and speak with a customer service representative. Please allow 3 days from date of mailing before contacting MorphoTrust USA regarding processing status.

Application Details

Agency Name: Oklahoma State Department of Health

**If you have any questions with the website,
please contact L-1 Enrollment Services at (877)219-0197.**

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You may register submission of another applicants ink card if you wish.