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# Building a future we can all trust

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## Applicant Registration User Guide AZ DPS EFAS



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Name	Role or function
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## Releases

Release	Date (dd/mm/yy)	Author	Modifications
1.0	06/01/20	ADMS	Initial version
1.1	06/15/20	SKI	Update to review print locations
1.2	09/08/2020	CLR	Update screen shots

**Table of Contents**

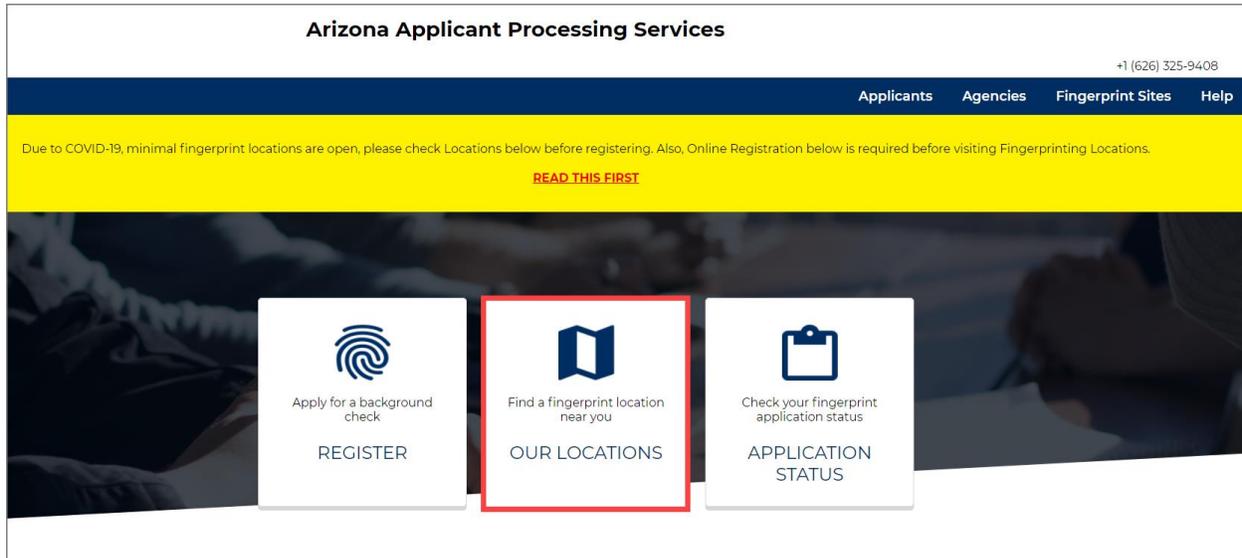
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# 1 APPLICANT REGISTRATION

When you access the portal using the address provided to you by Thales Gemalto, the landing page is displayed (Figure 1-1).



**Figure 1-1 Main Landing Page**

From here you can access applicant features. This user guide describes how to register for clearance card, background check, or licensing for security guard or private investigator.

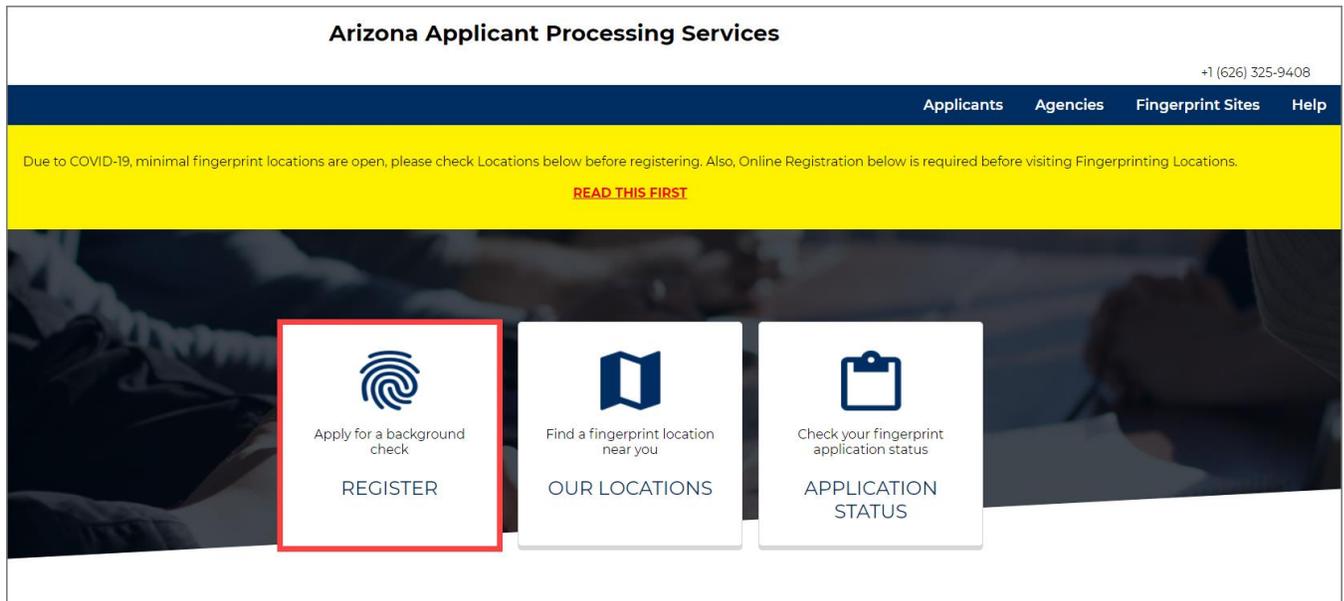
**\*\* Before starting online registration, please find available locations by selecting OUR LOCATIONS link (Figure 1-1) to understand which fingerprinting site is currently open and operational. It is important to review current open locations as we have limited operational sites due to COVID-19. And you MUST only use our fingerprinting locations listed, otherwise your fingerprint will not be processed.**

**Please also note, you are not required to pay additional fees at a fingerprint site. If you are asked to provide more payments, please decline and call Thales +1 (626) 325-9408 \*\*\***

## 1.1 Registering

### To register:

1. From the **Applicants** drop-down menu, select **online application** or simply click on **Register** button in the main area. The login window will be displayed (*Figure 1-3*).



**Figure 1-2 Register**

2. In the following menu, click on appropriate option you require (*Figure 1-3*).
  - a. **Apply for a fingerprint Clearance Card** – My job requires me to obtain a Fingerprint Clearance Card as a prerequisite for employment
    - IVP New/Renewal
    - Non-IVP/Regular/Level 1
  - b. **Background check** – A state agency is requiring me to submit fingerprints for a background check. My background information will be directly sent to the state agency. I am not applying for a fingerprint clearance card.
  - c. **Security Guard** – I am applying to become a security guard
  - d. **Private investigator** – I am applying to become a private investigator.

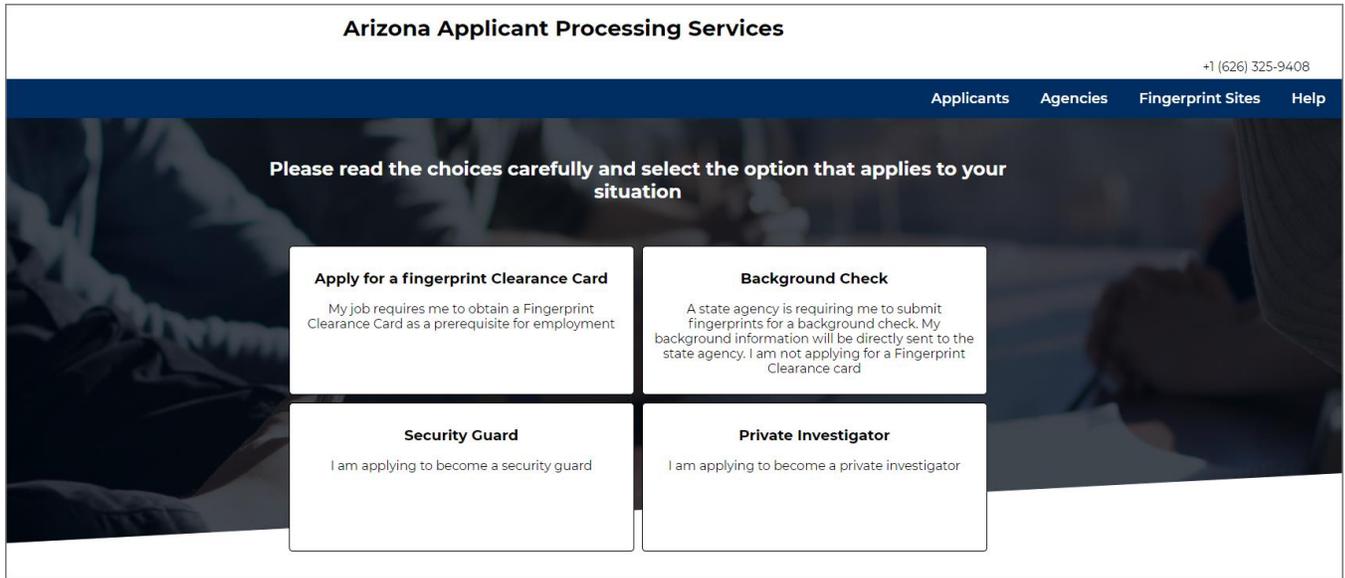
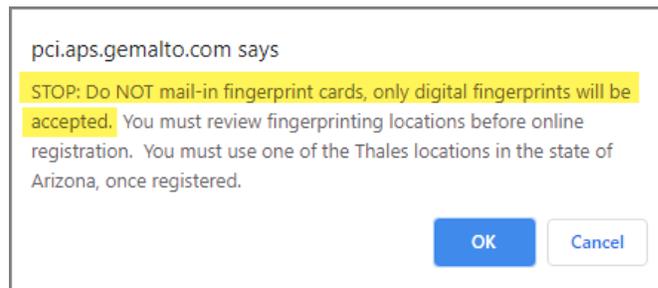


Figure 1-3 Applicant Selection

**NOTE:** Please note the following two pop-ups appear prior to registering:



3. Once type of application is selected and you have provided additional information depending on the application type selected, you will need to agree to the Privacy Act Statements. (Figure 1-4).

**Privacy Act Statement**

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Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

I have read and accepted these terms.

**Figure 1-4 Privacy Act Statement**

4. Step 1 - Now you will be entering your personal information and selecting method of payment. (Figure 1-5).
  - a. For payment types you are given **Credit Card** or **Agency Pay**
  - b. For **Agency Pay**, you will need to enter **Billing Code** and **Billing Password** provided by your agency.
  - c. Click **CONTINUE**.

**Step 1 - Please Enter Your Information** Required fields \*

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**SAMPLE APPLICANT**

**Transaction Information**

Agency * AZ ST BRD OF NURSING	Application Fee * \$30.25
Applicant Type * Non-criminal applicant - Regular	
Payment Type * Credit Card	

**Personal Information**

Last Name * HALL	First Name * SUSAN
Middle Name <small>Optional</small>	Suffix Select
Maiden Name <small>Optional</small>	Social Security Number 423 88 9657
Re-enter Social Security Number 423 88 9657	Date of Birth * 01/01/1970
Weight * 125	Sex * Female
Race * White (including Latino)	Eye Color * Brown
Hair Color * Brown	Height * 5'04
Place of Birth * ARIZONA	Country of Citizenship Select
Driver License State ARIZONA	Driver License Number 42336987

RESET FORM

CONTINUE

**Figure 1-5 Personal Information and Payment Selection**

5. Step 2 – Please confirm your information and click **SUBMIT**. (Figure 1-6).

### Step 2 - Please Verify Your Information

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#### Transaction Information

Agency <i>AZ ST BRD OF NURSING</i>	Application Fee <i>\$30.25</i>
Application Type <i>Non-criminal applicant - Regular</i>	

#### Personal Information

Last Name <i>HALL</i>	First Name <i>SUSAN</i>	Middle Name	Suffix <i>NONE</i>
Maiden Name	Social Security Number <i>423 88 9657</i>	Date of Birth <i>01/01/1970</i>	Weight <i>125</i>
Sex <i>Female</i>	Race <i>White (including Latino)</i>	Eye Color <i>Brown</i>	Hair Color <i>Brown</i>
Height <i>504</i>	Place of Birth <i>AZ</i>	Country of Citizenship <i>NONE</i>	Driver License State <i>AZ</i>
Driver License Number <i>42336987</i>	Email <i>CHERYL.RICHARDSON@THALESGROUP.COM</i>		

GO BACK
SUBMIT

Figure 1-6 Confirm Information

6. Step 3 – Registration is almost complete, and you will get a notice in email to confirm your registration and pay if payment type is CreditCard. Registration will **cancel** if not confirmed in 24hrs. (Figure 1-7).

### Step 3 - Registration Complete

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You MUST use a Fingerprint Site Location listed in our [website](#) to fingerprint; otherwise, your registration will not be valid and NOT processed.

#### Receipt

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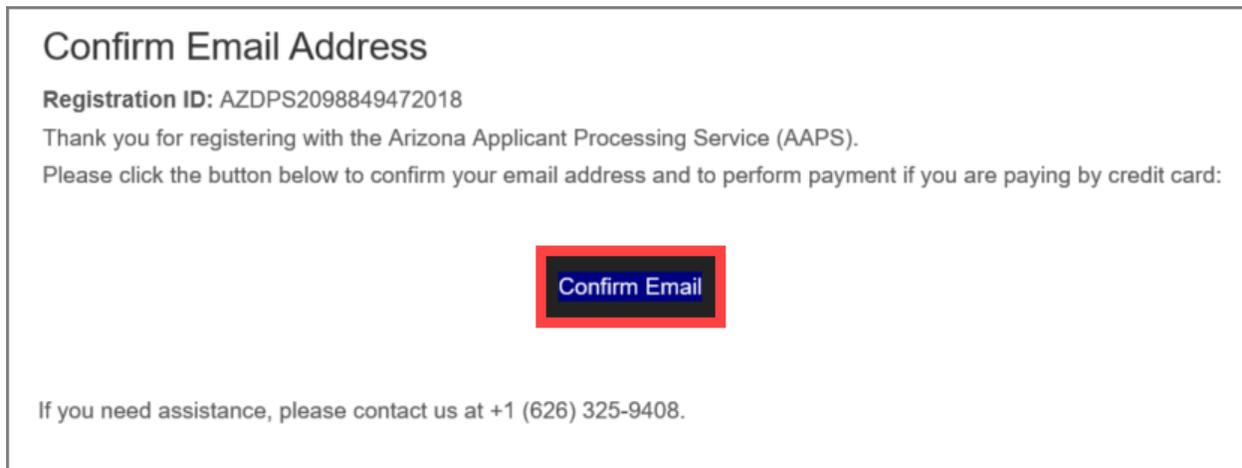
Registration ID <i>AZDPS2098849472018</i>	
Last Name <i>HALL</i>	First Name <i>SUSAN</i>
Reason for Fingerprinting	

NOTE: YOUR REGISTRATION IS NOT COMPLETE. An email has been sent to CHERYL.RICHARDSON@THALESGROUP.COM. Please check your email and click the link to verify your email address, and make a payment via credit/debit card (if you chose the payment type of credit card during the registration process) within the next 24 hours to complete your registration. DO NOT proceed to the fingerprint location, unless this step is completed. Your registration ID # will only be valid at one of the Gemalto approved locations as listed on our website under the Fingerprint Site tab.

PRINT RECEIPT
CLOSE

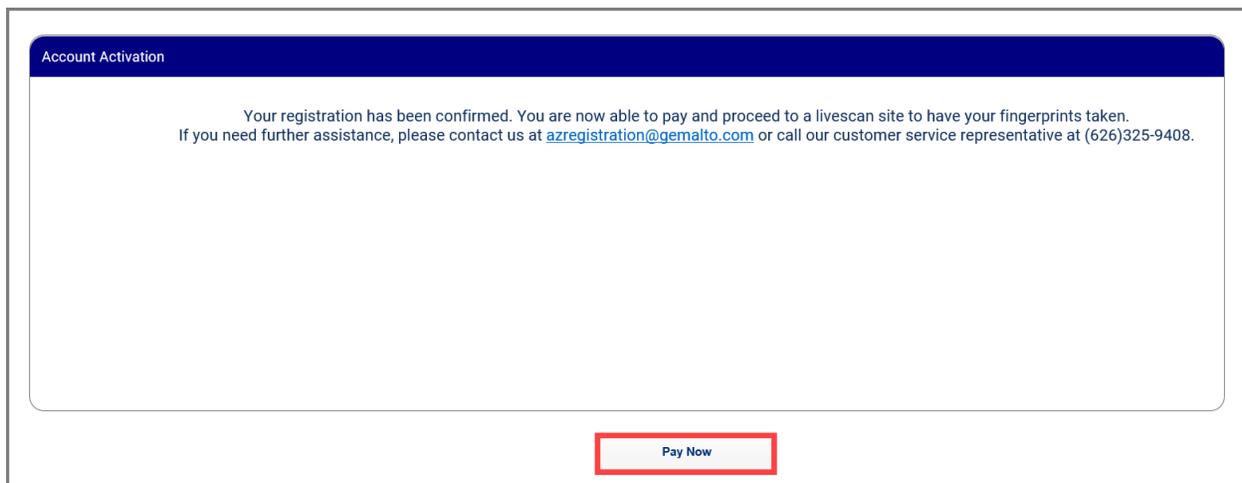
Figure 1-7 Registration complete

- Step 4 – 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. (Figure 1-8).



**Figure 1-8 Confirm Email**

- Step 5 (For Credit Card Payment) – If you have selected CreditCard as method of payment, you will be provided with a link to **Pay Now**. (Figure 1-9).



**Figure 1-9 Account Activation**

- Step 6 (For Credit Card Payment) – Please enter Registration ID number, Last/First Name, and your date of birth. (*Figure 1-10*).

### Perform Payment

**SAMPLE APPLICANT**

Please enter your information to perform payment

Registration ID:

Last Name:

First Name:

Date of birth:  (MMDDYYYY)

**Figure 1-10 Perform payment**

- Step 7 (For Credit Card Payment) – Once your registration is pulled, please provide credit card information to complete your payment for registration. (Figure 1-11).

## Step 3 - Credit Card Payment Important notice regarding failed payments and google toolbar

SAMPLE APPLICANT

### Registration Information

Registration ID AZDPS2098849472018	Name SUSAN HALL	Transaction Type	Transaction Fee \$30.25
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### Credit Card Information

Credit Card Type  
American Express

Name as it appears on Card  
SUSAN HALL

Card Number  
1111 2222 3334 444

Exp. Month  
05

Exp. Year  
2023

Card Security Code  
1234

Not the last 4 digits of the credit card number

### Billing Address

Street Address  
552 Main Street

City  
Phoenix

State  
Arizona

Zip Code  
85001

Phone Number  
(602) 111-2222

Email  
SusanHall@email.com

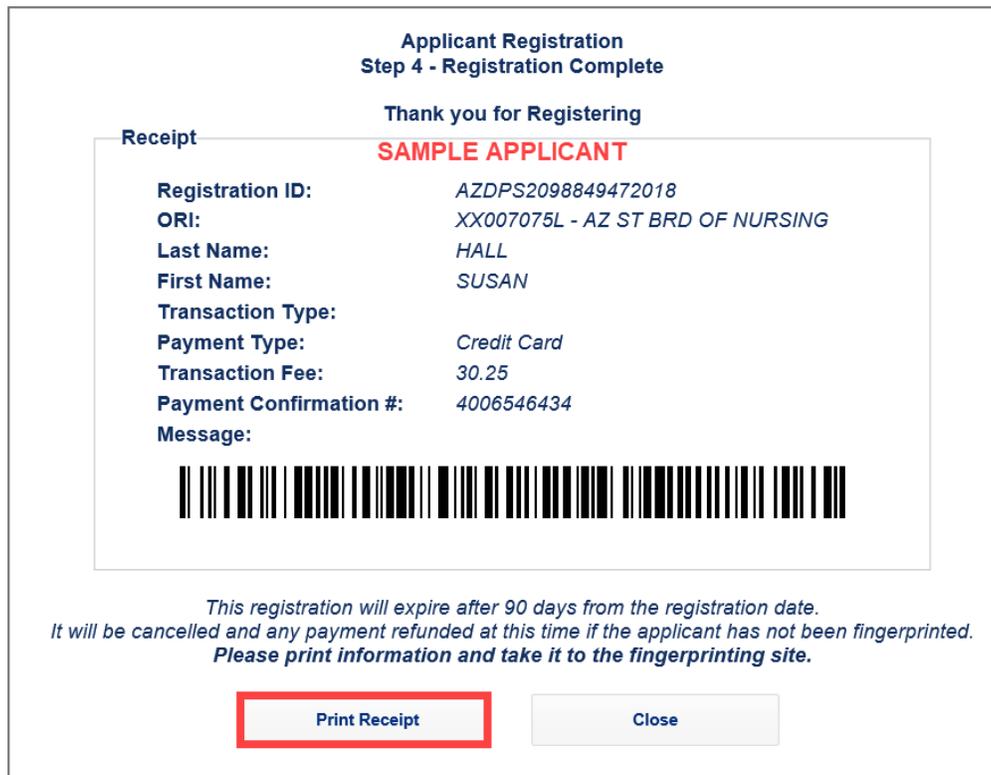
American Express  
4 Digit Verification Number on Card Front

Do not click the Back button on the browser and click the "Pay" button only once. If you cannot see the receipt page after 20 seconds, go to <https://wwwqa.aps.gemalto.com>, find the program you registered for and click on "Print Receipt" link to check if your payment was successful.

PAY

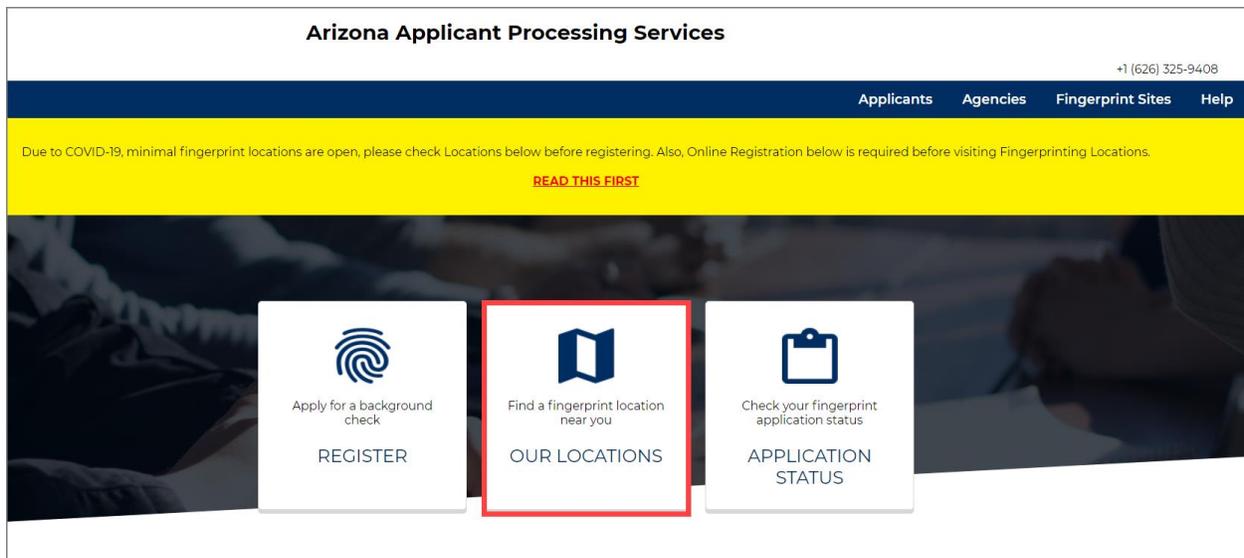
Figure 1-11 Perform payment

- Once your payment is complete, you will get a receipt page you can print to take to your nearest fingerprinting location (Which you can find in the main page under **OUR LOCATIONS** button). (Figure 1-12).



**Figure 1-12 Registration Receipt**

- Now find your nearest fingerprint site locations to get your Livescan digital fingerprints. **OUR LOCATIONS** button will provide the information required.



## 1.2 Helpful Menus

Under Applicants Menu tab, applicants have the options to:

- Online Application: Allows for Online Application and has same functionality as the REGISTER button on the main page.
- Application Status: Allows for applicants to check on application status.
- Application Receipt: Allows for applicants to print or view application receipt.
- Perform Payment: If an applicant wishes to pay for an application by credit card, this menu allows the applicant to enter necessary information to pay for a registration submitted.

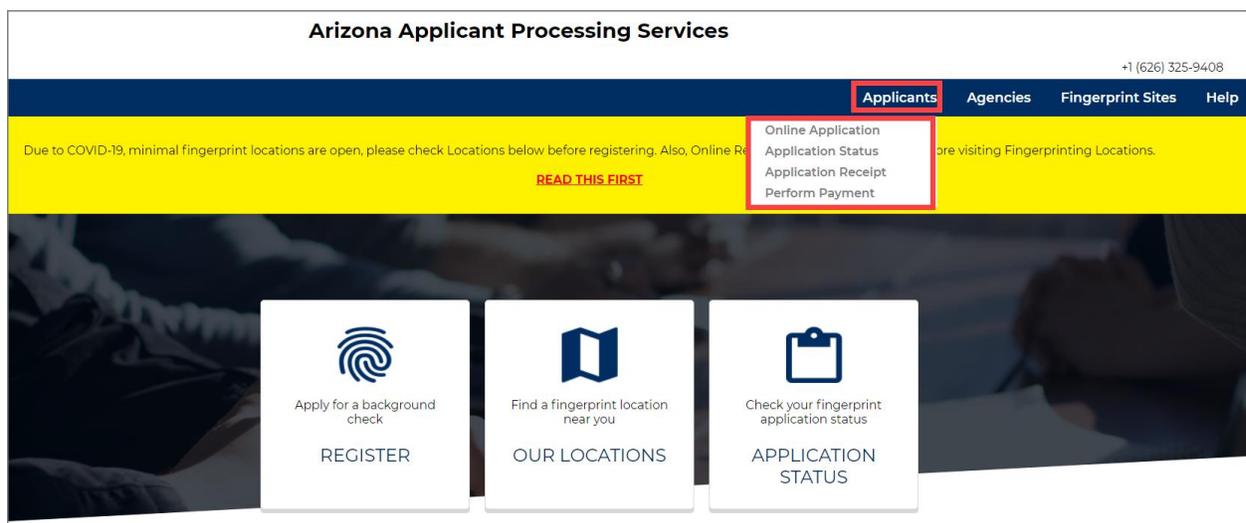


Figure 1-13 Applicants Menu