

Massachusetts Executive Office of Public Safety and Security



Statewide Applicant Fingerprint Identification Services (SAFIS) Program

Registration Guide

Pre-K-12th Grade Education (ESE)



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About the Statewide Applicant Fingerprint Identification Services (SAFIS) Program

Massachusetts law now authorizes fingerprint-based criminal history record checks for all public and private school employees and transportation providers, and for designated volunteers and employees of school vendors. The Massachusetts Department of Elementary and Secondary Education (ESE) and the Department of Early Education and Care (EEC), the Executive Office of Public Safety and Security (EOPSS) has partnered with MorphoTrust USA to implement the Statewide Applicant Fingerprint Identification Services (SAFIS) Program and is working to provide convenient applicant fingerprinting enrollment centers throughout the Commonwealth of Massachusetts.

NOTE: This Registration Guide is intended to provide guidance to individuals who are employed or seek employment in Pre-K-12 public and private schools in the Commonwealth. If you work for a Pre-K program run by a public or private K-12 school, follow these instructions. If you work for a standalone private early education program, please consult the registration instructions for Early Education and Care (EEC) entities.

Overview of the Fingerprinting Process

The following is a overview of the SAFIS fingerprinting process:

- An applicant/employee registers for a fingerprinting appointment via either the MorphoTrust USA IdentoGo™ registration website or the MorphoTrust Massachusetts Customer Service Center;
- An applicant/employee goes to a MorphoTrust USA IdentoGo™ enrollment center on the date and time selected by him/her and has his/her fingerprints taken;
- The applicant's/employee's fingerprints are sent electronically to the Massachusetts State Police (MSP) for a statewide criminal history record check and to the Federal Bureau of Investigation (FBI) for a nationwide criminal record check;
- The results of both the State and National fingerprint based criminal history record check are returned to the Massachusetts Department of Criminal Justice Information Services (DCJIS) for review; and
- The State and National fingerprint based criminal history record check results are returned to the district or school identified by the applicant/employee during the registration process.

Important Requirements

1

Information Required at Registration

To register for an appointment to have your fingerprints taken at one of the MorphoTrust USA IdentoGo™ enrollment centers, the following information is required:

Provider Identification Number (Provider ID) - Each public school district and private school has been assigned an Organization Code by the Massachusetts Department of Elementary and Secondary Education (ESE). This code will serve as the **Provider Identification Number** for SAFIS registration. Please contact your Human Resource Department or School Administrator to obtain your ESE assigned Organization Code.

Fee - The fee charged will be \$55 for licensed educators and \$35 for all other school personnel. Online payment options include credit cards and e-Check. Onsite payments must be made by check or money order.

2

Your Registration Confirmation and an Acceptable Form of Identification are Required at Your Fingerprint Appointment

You must bring your **Registration Confirmation Number** with you to your fingerprinting appointment. You must also bring an acceptable form of identification (see page 21). The MorphoTrust USA IdentoGo™ enrollment center staff will match the information in the registration system with the identification provided to confirm your identity. **Fingerprints will not be taken without acceptable identification.**

Registering with MorphoTrust USA for a Fingerprinting Appointment

To get your fingerprints taken, you must register for an appointment. There are two methods available: 1). Register on-line on the MorphoTrust USA IndentoGo™ registration website; or 2). Register by phone.

MorphoTrust USA IndentoGo™ Massachusetts Registration Website

- Go to <http://www.identogo.com/FP/Massachusetts.aspx>
- Click the **Online Scheduling** link.
- To see a complete list of MorphoTrust USA IndentoGo™ enrollment centers in Massachusetts, click on the **Locations** link.
- To access online resources, click on **Forms and Links**

Registering Online

To begin the registration process:

- Go to <http://www.identogo.com/FP/Massachusetts.aspx>
- Click the **Online Scheduling** link.

APPLICATION DETAILS

- Enter **First Name** and **Last Name**.

Welcome

Welcome. The following pages will ask you for information needed to schedule and process your background check. If you have problems or questions, feel free to call us at **(866) 349-8130**

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 MorphoTrust USA at (866) 349-8130.

- Click the **Go** button on the page.
- In the Agency/Sector drop-down list, Select **Pre-K-12th Grade Education (ESE)** and Click **Go**

Application Details

Please select agency/sector from the list below.

Agency/Sector

Department Of Early Education and Care (EEC)

Pre-K-12th Grade Education (ESE)

- Select either **Licensed Educator** or **All Other School Personnel** and Click **Go**

Application Details

Please indicate the applicant type below:

- Licensed Educator
- All Other School Personnel

Go

- Based on your Applicant Type selection, Click **Yes** to confirm your Agency/Sector and Applicant Type is Pre-K-12th Grade Education (ESE)-Licensed Educator or Pre-K-12th Grade Education (ESE) - All Other School Personnel.

Confirm Agency

This will require that a search of Massachusetts and/or FBI records be conducted and you will be charged accordingly. If you are working, applying to work, or volunteering in or for a Massachusetts Pre-K-12 school and are unsure of your applicant type and/or agency, please contact your agency point of contact.

Please be aware that if you select the wrong agency and a change is required to be made at a later date, you will be required to pay the applicable fees again.

**Please confirm your agency is
Pre-K-12th Grade Education (ESE) - Licensed Educator.**

(By selecting No, you will be returned to the previous screen to make another choice. Selecting Yes will continue on.)

no

yes

Confirm Agency

This will require that a search of Massachusetts and/or FBI records be conducted and you will be charged accordingly. If you are working, applying to work, or volunteering in or for a Massachusetts Pre-K-12 school and are unsure of your applicant type and/or agency, please contact your agency point of contact.

Please be aware that if you select the wrong agency and a change is required to be made at a later date, you will be required to pay the applicable fees again.

**Please confirm your agency is
Pre-K-12th Grade Education (ESE) - All Other School Personnel.**

(By selecting No, you will be returned to the previous screen to make another choice. Selecting Yes will continue on.)

no

yes

- Enter the **Provider ID** you obtained from your Human Resources Department or school administrator and click **Go**.

Application Details

Please enter your Provider ID in the box below.

Provider ID:

Go

- The Organization name associated with the Provider ID you entered will be displayed. Please verify that the Organization name is correct.
- If correct, click the **Correct** button.
- If not correct, click the **Incorrect** button and reenter the Provider ID.
- If you have more than one Provider ID, click the **Add Another Provider** button and enter the next Provider ID. Continue to Click the **Add Another Provider** button until you have entered all your Provider IDs.
- When you have finished entering all of your Provider IDs, Click **Go**.

CONFIRM PROVIDER

Please confirm you are being fingerprinted for the below company:

Provider Name: Abington

Company Address: 171 Adams St
Abington, MA 02351

Correct

Incorrect

Add Another Provider

NOTE: If one or more of your Provider IDs does not match the Organization name displayed on the screen, please contact your Human Resources Department or School Administrator to verify the Provider ID(s).

APPOINTMENT DETAILS

- To find the location of the nearest MorphoTrust USA Identogo™ enrollment center, enter Zip Code in the box provided and click **Go**.
- To see a list of all MorphoTrust USA Identogo™ locations in a particular region of the state, select the region in the Region drop-down list and click **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.

Enter a zip code to determine the closest fingerprinting location.

or

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

METRO BOSTON



	Central
	Hampden/Barnstable
	Northeast
	Southeast
	West

- Available appointments during the next seven (7) days will be presented.
- To view future dates, click the **Next Week** link.
- Click on the **Click to Schedule** link for the date and location you want.
- Select the preferred time.
- Click, **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](#)

sc is a supercenter location offering passport, id theft protection and more.

Showing locations in the
Metro Boston of MA
in alphabetical order

[<< Previous Week](#) **January 17 - January 23** [Next Week >>](#)

[Select Another Region or Zip Code]

	Friday 1/17/2014	Saturday 1/18/2014	Sunday 1/19/2014	Monday 1/20/2014	Tuesday 1/21/2014	Wednesday 1/22/2014	Thursday 1/23/2014
Dorchester MorphoTrust USA 11 Bay St. Dorchester, MA 02125 Directions	Click to Schedule	Click to Schedule	Closed	Click to Schedule	Click to Schedule	Click to Schedule	Click to Schedule

- 09:00 AM
- 09:15 AM
- 09:30 AM
- 09:45 AM
- 10:00 AM**
- 10:15 AM
- 10:30 AM
- 10:45 AM
- 11:00 AM
- 11:15 AM

[go](#)

If you have any questions with the website, please contact MorphoTrust USA at (866) 349-8130.

A consent form to authorize the fingerprint-based background check will be presented for review by the applicant.

- If you agree to the terms and conditions, select **I Affirm that I have read and fully understand the above and consent to the aforementioned background check.**
- If you do not agree to the Terms and Conditions, select **I DO NOT Agree to the terms and conditions of the Massachusetts background check** and the registration process will be cancelled.
- If the applicant is less than eighteen (18) years of age, a parent or legal guardian will also need to review and electronically provide consent.
 - ✓ Enter **First Name** and **Last Name** of the parent or legal guardian.
 - ✓ Select, **I Affirm that I have read and fully understand the above and consent to the aforementioned background check.**
- Click **Go**.

Acknowledgement/Release

IMPORTANT - PLEASE READ CAREFULLY BEFORE SIGNING
Fingerprint-Based Criminal History Record Request Authorization and Notification Form

By signing this authorization, I consent to the collection of my fingerprints as part of the application/employment/licensing process.

I acknowledge and understand that my fingerprints will be searched against the fingerprint databases maintained by the Federal Bureau of Investigation and the Massachusetts State Police.

I acknowledge that I have been notified of the procedures to challenge the accuracy or completeness of my record, which are set forth in Title 28 CFR 16.34. I am aware that a copy of these procedures can be downloaded from FBI.gov and the DCJIS website at mass.gov/cjis.

I do NOT agree to the terms and conditions of the Massachusetts background check. *By checking this box, the registration process will be terminated.*

I am 18 years of age or older and affirm that I have read and fully understand the above and consent to the aforementioned background check. *By checking this box, you are electronically signing this document and indicating your agreement with the terms and conditions of the background investigation.*

I am under 18 years of age, and affirm that I have read and fully understand the above and consent to the aforementioned background check. *By checking this box, you are electronically signing this document and indicating your agreement with the terms and conditions of the background investigation.*

I, am the parent/legal guardian of Tracy Varano. I have read and understand the information provided above and consent to the collection of fingerprints as part of the application/licensing/employment process. *By checking this box, you are electronically signing this document and indicating your agreement with the terms and conditions of the background investigation.*

Go

APPLICANT DETAILS

- You will be required to provide standard demographic data, including Name, Date of Birth, Home Address, and Contact Information.
- Enter the required information and click the **Send Information** button.
- Please note the **Applicant Employer Information Section** is **NOT** mandatory. If you choose to complete that section, please follow these guidelines:
 - If you are a contractor, please list your employer information and not the district or school who holds the contract.
 - If you are a volunteer, please list your employer and not the district or school where you volunteer.
 - If you are employed or seek employment at more than one district or school, please list the employer that corresponds to the first Provider ID entered under Application Details.

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

Prefix *	First Name *	Middle Name	Last Name *	Suffix *
	first		last	

Applicant Alias or Maiden Name

Prefix *	First Name	Middle Name	Last Name	Suffix *

Add Alias (up to 5)

Applicant Home Address

Number *	Direction *	Street Name *	
Unit Designator *			
Country *	City *	State *	Zip Code
United States			

Methods of Contact

Daytime Phone Number *	Daytime Phone Type *	Evening Phone Number *	Evening Phone Type *
area code number		area code number	
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-I products and services.			

Applicant Demographic Data

Date of Birth (MM/DD/YYYY) *	Gender *	Height *	Weight *	Race *
		ft in		
Hair Color *	Eye Color *	Place of Birth *		
Global Country *	Social Security Number *			
United States				

Applicant Employer Information

Employer Name		Employer Phone		
Number	Direction *	Street Name	Apartment	
Country	Employer City	Employer State	Employer Zip	
UNITED STATES				
Employer Contact Name				
Prefix *	First Name	Middle Name	Last Name	Suffix *
Occupation				

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

- You will then be required to verify the information provided for the registration process.

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

Agency Name: Department of Education
Fingerprint Reason: NDOE Education Personnel - 20-A MRSA 6103

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

Change Application Details

Appointment Details

Location: Bourne
IdentoGO
60 Western Avenue, Suite 3
Bourne, MA, 02532
United States

Appointment Date: 09/26/2013

Appointment Time: 06:50 AM

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

Change Appointment Details

Applicant Details

Name: test tester

Alias:

Home Address: 15 Century Boulevard
Nashville, TN 37214
United States

Daytime Phone Number: 615-871-8047

Daytime Phone Type: Work

Evening Phone Number:

Evening Phone Type:

Daytime Email: test@tester.com

Evening Email:

Preferred Contact Method:

Preferred Contact Time:

Contact Notes/Instructions:

Date of Birth: 01/01/1950

Gender: Male

Height: 07 ft. 11 in.

Weight: 100 lbs.

Race: American Indian

Hair Color: Bald or Unknown

Eye Color: Black

Place of Birth: Alabama

Citizen Country: United States

Employer Name:

Employer Phone:

Employer Address:

Employer Contact Name:

Occupation:

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

Change Applicant Details

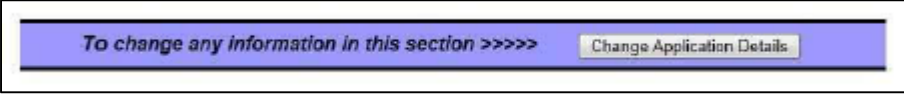
If All Information Appears Correct ---->

go

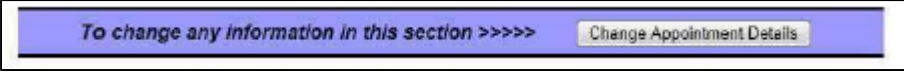
- If all of the information provided is correct, click the **GO** button at the top of the page.



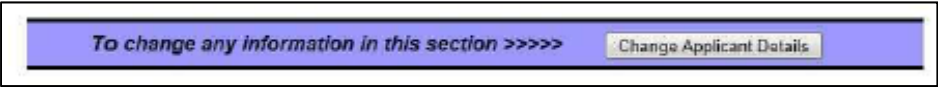
- If any of the Application Details are incorrect, click the **Change Application Details** button.



- If any of the Appointment Details are incorrect, click the **Change Appointment Details** button.



- If any of the Applicant Details are incorrect, click the **Change Applicant Details** button.



PAYMENT

- Select the **Method of Payment**.
- Click the **Send Payment Information** button.

Payment Collection

Your total is \$55.00. Please choose a payment method below.

1) Method of Payment

select

Money Order (pay onsite)
Personal Check (pay onsite)
American Express (pay now)
Discover (pay now)
Visa (pay now)
Mastercard (pay now)

Wanted to start over?

<-- Return to Start

COMPLETE REGISTRATION

- If Onsite Payment is selected, please bring a business check, personal check or money order in the exact amount with you to your appointment, along with an acceptable form of identification.
- If Online Payment is selected, click the **Continue to Make Payment** button. You will be routed to a secure e-Payment portal provided by MorphoTrust USA partner US Bank. All payment information is collected on the US Bank e-Payment portal and only transaction reference numbers are provided to MorphoTrust USA by US Bank. The reference number is attached to the fingerprint appointment to ensure no collections will be required onsite.
- Print a copy of the **Registration Confirmation** and bring the Registration Confirmation with you to your appointment.

Registering by Phone

Although online registration is the best way to register for a fingerprinting appointment, you may also register by calling the MorphoTrust Massachusetts Customer Service Center toll free at (866) 349-8130. You will be asked the same information as required

by the online registration process, so please have all information available to provide to MorphoTrust Massachusetts Customer Service Representative. Please note you will be provided with a Registration Confirmation Number, so please be prepared to record this number for future reference.

Rescheduling an Appointment

If you need to reschedule your fingerprinting appointment, you must do the following:

- Go to <http://www.identogo.com/FP/Massachusetts.aspx>
- Select **I have an existing appointment I would like to change** link at the bottom of the page.

Welcome

Welcome. The following pages will ask your for information needed to schedule and process your background check. If you have problems or questions, feel free to call us at **(866) 349-8130**

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.](#)

- Enter either your email address or your Registration ID. If you don't have either or the website does not locate your record, please contact the MorphoTrust Massachusetts Customer Service Center at (866) 349-8130 for assistance.
- Click **Go**.

Edit Appointment

To change your appointment, please follow the instructions below.

Method 1

Enter the email address provided during scheduling of the original appointment. The system will send you an email with a link to continue this process.

Please Enter the Email Address:

Go

OR

Method 2

Enter your registration id (regid). Your registration id was provided on the last screen when your appointment was scheduled.

Please Enter Your Registration ID (regid):

Go

Canceling an Appointment

To cancel an appointment, you must call the MorphoTrust Massachusetts Customer Service Center toll free at (866) 349-8130. Once your appointment is cancelled, a refund will be issued. Before cancelling, you should be certain you do not need an alternate appointment.

Missed Appointments

If you miss your appointment, you can contact the MorphoTrust Massachusetts Customer Service Center at (866) 349-8130 to schedule a new appointment. You can also visit the MorphTrust USA IndentoGO™ registration web site and change your appointment online. Please note refunds will not be issued if the appointment is not rescheduled within the two (2) week period after the original appointment. In addition, if a second appointment is missed, a refund will not be issued. For a copy of the refund policy, please click on [Form and Links](#) located on the MorphoTrust USA IndentoGo™ Massachusetts Registration homepage. If you wish to cancel your appointment completely, please follow the instructions in the Cancelling and Appointment section above.

Rejection Notification

In some instances, an applicant's fingerprints are rejected by either the Massachusetts State Police or Federal Bureau of Investigation due to poor fingerprint quality.

If you receive a rejection notification, you must do the following:

- Go to <http://www.identogo.com/FP/Massachusetts.aspx>
- Click **I received a rejection notification and need to schedule an appointment** link at the bottom of the page.

Welcome

Welcome. The following pages will ask your for information needed to schedule and process your background check. If you have problems or questions, feel free to call us at **(866) 349-8130**

First Name

Last Name

Go

For Existing Appointments

[I received a rejection notification and need to schedule an appointment.](#)

[I have an existing appointment I would like to change.](#)

- Enter your email address, Registration ID, or Transaction Control Number (TCN) in one of the boxes provided. Please note the TCN is a unique thirteen (13) character alphanumeric field which is assigned to each civil fingerprint submission and is printed on the receipt provided at the conclusion of the fingerprint appointment. If you do not have the required information, or if the web site does not locate your record, please contact MorphoTrust Massachusetts Customer Service Center at (866) 349-8130 for assistance.
- Click **Go**.

Retake Appointment

To process a retake appointment follow the instructions below.

Method 1

Enter the email address provided during scheduling of the original appointment. The system will send you an email with a link to continue this process.

Please Enter the Email Address:

Go

or

Method 2

Enter your registration id (regid). Your registration id was provided on the last screen when your appointment was scheduled.

Please Enter Your Registration ID (regid):

Go

or

Method 3

Please enter your Transaction Control Number (TCN). The number must be entered exactly.

Please Enter Your TCN:

Go

Acceptable Forms of Identification

All applicants will be required to present an acceptable form of identification at the time of fingerprint capture at a MorphoTrust USA IdentoGO™ Center. Acceptable forms of identification are as follows:

Primary Identification Documents

The following documents are acceptable forms of identification:

- Driver's License from any U.S. state or territory
- Valid State Identification Card from any U.S. state or territory
- U.S. Passport or U.S. Passport Card
- Permanent Resident Card or Alien Registration Receipt Card (Form I-551)
- Foreign Passport with temporary I-551 stamp or temporary I-551 printed notation on a machine readable immigrant visa
- Foreign Passport and Form I-94 or Form I-94A
- Employment Authorization Document which contains a photograph (Form I-766)
- U.S. Military Card with identifiable photograph.
- U.S. Coast Guard Merchant Mariner Document or Merchant Mariner Credential
- Transportation Worker Identification Credential
- Enhanced Tribal Card

All documents must include an identifiable photo, the applicant's full name, and date of birth. All documents must be verifiable and unexpired.

Applicants Under 18 Years of Age

If you are under eighteen (18) years of age and unable to present one of the primary identification documents listed above, you must provide an original or certified copy of a Birth Certificate issued by an authorized U.S. agency with an official seal or Certification of Birth Abroad (issued by U.S. Department of State) **AND** one of the following documents:

- School Identification Card (Public or Private School)
- School Record or Report Card
- Home Schooling Education Plan
- U.S. Social Security Card

Fingerprint Appointment

You are expected to visit a MorphoTrust USA IdentoGo™ enrollment center at the scheduled date and time. You should be sure to have all required documentation and

identification with you, and should expect the fingerprinting process to take from 5-10 minutes. The Enrollment Agent onsite will verify your identity with the provided identification document, scan your identification to verify authenticity, verify all of your demographic data, and then proceed to fingerprint you using electronic scanning equipment. Any questions prior to or after the fingerprint appointment should be directed to the MorphoTrust Massachusetts Customer Service Center at (866) 349-8130 or to the school employer.

At the conclusion of your fingerprint appointment, you will be provided with a receipt. A single receipt will be provided to you and please be sure to retain that original receipt. Multiple copies will not be provided. Please provide a copy of the receipt to your Human Resources Department or school administrator. If you are an Out of State Applicant, please send a copy of your registration confirmation to your Human Resources Department or school administrator.

Pre-K-12th Grade Education (ESE) Applicant Types

The following sub-sections provide additional information concerning the various applicant types that fall under the Massachusetts Department of Elementary and Secondary Education (ESE).

Licensed Educator

The fee charged will be \$55 for educators licensed by the Commissioner of Elementary and Secondary Education.

Other School Personnel

The fee charged will be \$35 for all other school personnel (i.e., school secretaries, cafeteria workers, custodians, bus drivers, etc.) and designated volunteers and vendor employees.

Multiple Provider IDs

There may be instances in which an ESE applicant is seeking employment at multiple schools or districts and has been instructed to undergo a fingerprint-based criminal background check conducted for each employer. Furthermore, there may be instances where an ESE applicant is currently employed at more than one school or district. As part of the fingerprint registration process, up to ten (10) Provider ID's may be submitted. The fingerprint-based criminal background check results will be disseminated to each of the schools identified at during the registration process.

EEC and ESE Employment

There may be instances in which an applicant is either employed or seeking employment with an ESE organization and a Massachusetts Department of Early

Education and Care (EEC) organization. Federal rules and regulations prohibit EEC and ESE from sharing/disseminating an individual's criminal history record information (CHRI). In order to be compliant with the new law, an individual who works for both EEC and ESE organizations will have to submit, and pay for, two separate fingerprint-based criminal record checks. If back-to-back appointments are unavailable, please select an appointment time that is as close to the first appointment as can be obtained. An applicant will be fingerprinted for both submissions at the same time, and will not be made to wait for the later time.

Out of State Applicants

There may be instances in which an applicant does not reside in the Commonwealth of Massachusetts and his/her work does not require travel to the Commonwealth of Massachusetts.

Applicants who meet the above criteria may use MorphoTrust's Card Scan Processing Program. This program utilizes advanced scanning technology to convert a traditional fingerprint card (hard card) into an electronic fingerprint record. Converting a "hard card" into an electronic record enables an applicant to have his/her fingerprint record processed as quickly as if he/she had traveled to an electronic fingerprint processing location. The section below details the procedures for submitting fingerprints to the Card Scan Processing Unit.

- Applicants must go online to the MorphoTrust USA IdentGo™ registration website <http://www.identogo.com/FP/Massachusetts.aspx> or call the MorphoTrust Massachusetts Customer Service Center toll free at (866) 349-8130 and complete the registration process.
- If using the online registration process, you must select **"Pay for Ink Card Submission"** on the Appointment Details page. This will identify to MorphoTrust that a hard card will be mailed to them for conversion to an electronic fingerprint record which will then be submitted to the Massachusetts State Police (MSP) and to the Federal Bureau of Investigation (FBI). Please note the fee charged for out of state applicants is \$55 for educators licensed by the Commissioner of Elementary and Secondary Education and \$35 for all other school personnel

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.

North

[go](#)

[Click here for a map of Massachusetts](#)

Need to start over?

[← Return to Start](#)

If you have any questions with the website, please contact MorphoTrust USA at (866) 349-8130.

- You must complete the entire registration process. All information entered during the registration process will be submitted to the Massachusetts State Police as part of the fingerprint transmission. **Any data discrepancies or errors found during this process may result in additional submissions, at the expense of applicant.**
- A confirmation number (Registration ID) will be supplied at the end of the registration process. You should retain this number for tracking purposes. This confirmation number must be recorded on the fingerprint card when it is submitted to MorphoTrust for proper processing.
- You must complete payment during the registration process via the online e-Payment portal. Options include debit and credit card as well as e-Check. (Applicant cards with unpaid or declined payments will not be processed and cards will be returned to the applicant.) A payment reference number will be supplied during the registration process. You should retain this number for tracking purposes.
- Once the application process has been completed, the Massachusetts Department of Criminal Justice Information Services (DCJIS) will mail you a package which will include a Massachusetts Applicant Fingerprint Card (Form 1-

9) and a Fingerprint Certification Form. *MorphoTrust does not provide fingerprint cards to applicants.*

- You must obtain a set of fingerprints from a local law enforcement agency. These fingerprint cards may be either traditional ink rolled fingerprints or electronically captured and printed fingerprint cards. In addition to the fingerprint card, the Fingerprint Certification Form must also be completed by the local law enforcement agency.
- You need to make sure the fingerprint card is complete prior to the submission to MorphoTrust. Required information includes: **Full name, date of birth, date and signature of person fingerprinted, date and signature of person taking the fingerprints, and the confirmation number provided at the end of the registration process.**
- The Massachusetts Fingerprint Card and the Fingerprint Certification Form, along with Registration ID and payment reference number, must then be sent to the following address (for tracking and security reasons, it is recommended that a shipping service with package tracking capabilities be utilized):

IdentoGo™ by MorphoTrust

MA SAFIS Cardscan

1650 Wabash Ave Suite D

Springfield, IL 62704

- Please include at least two (2) means of contact with your fingerprint card submission (for example, a daytime and evening telephone number or a cell phone number and email address).
- If you want to verify that your fingerprint card has been processed, you may call the MorphoTrust Massachusetts Customer Service Center at (866) 349-8130 and speak with a customer service representative. Please allow at least 3 days from date of mailing before contacting MorphoTrust regarding processing status.

Failure to complete the process as stated on these instructions will result in the card being returned to you, which will delay the process.

Contacting Customer Service

<p>For assistance with scheduling, rescheduling, or cancelling an appointment, refunds, or directions to a MorphoTrust USA IdentoGo™ enrollment center. Monday-Friday 7:00 a.m. – 6 p.m. EST</p>	<p>MorphoTrust Massachusetts Customer Service Center Phone: (866) 349-8130</p>
<p>For assistance with obtaining a status or interpretation of your fingerprint-based criminal history check results. (NOTE: Please do not contact the Department of Criminal Justice Information Services until 72 hours has passed since your fingerprints were taken at a MorphoTrust USA IdentoGo™ enrollment center.) Monday-Friday 9:00 a.m.-5:00 p.m. EST</p>	<p>Massachusetts DCJIS Phone: (617) 660-4640 TTY: (617)-660-4606 Email: safis@state.ma.us</p>