

Please carefully review the following instructions BEFORE going to this site

<https://tx.ibtfingerprint.com/?a=UEPDeepLink&lang=EN&service-code=11G7KX&ori=TX920420Z&vol=false>

to register your completed FBI fingerprint card.

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.

Click Here for a Texas Map



Click on "Pay for Ink Card Submission". **Clicking here will NOT take you to a payment screen. You will submit the \$43.50 fingerprint fee directly to the Texas Racing Commission along with your fingerprint card and a copy of the registration receipt.)**

I. CONTACT INFORMATION			
First Name *	Last Name *	Middle Name	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Alias <input type="text"/>			
Street Address *		Apt. Number	
<input type="text"/>		<input type="text"/>	
City *	State *	Zip Code *	Country *
<input type="text"/>	TEXAS <input type="button" value="v"/>	<input type="text"/>	United States <input type="button" value="v"/>
Phone 1 *	Phone 2		
<input type="text"/>	<input type="text"/>		
Email Address	Confirm Email Address		<input checked="" type="checkbox"/> Yes, please email me educational materials, special offers and information about other MorphoTrust USA products and services.
<input type="text"/>	<input type="text"/>		
II. PERSONAL INFORMATION			
Date of Birth (09/26/1972) *	Confirm Date of Birth *	Gender *	Height *
<input type="text"/>	<input type="text"/>	<input type="button" value="v"/>	<input type="text"/> ft. <input type="text"/> in.
Weight *	Race *	Hair Color *	Eye Color *
<input type="text"/> lbs.	<input type="button" value="v"/>	<input type="button" value="v"/>	<input type="button" value="v"/>
Place of Birth *	Citizen Country *	Drivers License or State ID Number *	Issuing State of Drivers License or State ID *
<input type="button" value="v"/>	United States <input type="button" value="v"/>	<input type="text"/>	TEXAS <input type="button" value="v"/>
Drivers License Type *			
<input type="button" value="v"/>			
III. EMPLOYER INFORMATION			
Employer Name		Employer Phone	Extension
<input type="text"/>		<input type="text"/>	<input type="text"/>
Street Number	Street Address		
<input type="text"/>	<input type="text"/>		
Employer City	Employer Zip	Employer State	
<input type="text"/>	<input type="text"/>	<input type="button" value="v"/>	

After You Have Entered All Required Information ---->

Complete this form, then Click on "Send Information".

After you click on "Send Information" you will have a chance to review the information you provided and make changes if necessary.

Once all of the information is correct, select "Print a Copy."



Texas Registration

Register Another Applicant

Service	Amount	Status
1) Agency fingerprinting submission	\$0.00	success

Step 1 (of 4) - REVIEW INFORMATION

Date: _____
Name: _____ **RegID** 

Services
Agency Fingerprinting Submission: \$0.00
For ORI: TX920420Z
Requested Service Total: \$0.00

Payment Check
Total Amount Due: \$0.00

Step 2 (of 4) - SIGN WAIVER

I certify that all information I provided in relation to this criminal history record check is true and accurate. I authorize the Texas Department of Public Safety (DPS) to access Texas and Federal criminal history record information that pertains to me and disseminate that information to the designated Authorized Agency or Qualified Entity with which I am or am seeking to be employed or to serve as a volunteer, through the DPS Fingerprint-based Applicant Clearinghouse of Texas and as authorized by Texas Government Code Chapter 411 and any other applicable state or federal statute or policy. I authorize the Texas Department of Public Safety to submit my fingerprints and other application information to the FBI for the purpose of comparing the submitted information to available records in order to identify other information that may be pertinent to the application. I authorize the FBI to disclose potentially pertinent information to the DPS during the processing of this application and for as long hereafter as may be relevant to the activity for which this application is being submitted. I understand that the FBI may also retain my fingerprints and other applicant information in the FBI's permanent collection of fingerprints and related information, where all such data will be subject to comparisons against other submissions received by the FBI and to further disseminations by the FBI as may be authorized under the Privacy Act of 1974 (5 USC 552a). I understand my fingerprints will be searched by and against civil, criminal and latent fingerprints in the Next Generation Identification (NGI) system. I understand I am entitled to obtain a copy of any criminal history record check and challenge the accuracy and completeness of the information before a final determination is made by the Qualified Entity. I also understand the Qualified Entity may deny me access to children, the elderly, or individuals with disabilities until the criminal history record check is completed. If a need arises to challenge the FBI record response, you may contact the agency that submitted the information to the FBI, or you may send a written challenge request to the FBI's Criminal Justice Information Services (CJIS) Division at FBI CJIS Division, Attention: Correspondence Group, 1000 Cluster Hollow Road, Clarksburg, WV 26306.

X
Signature _____ Date _____

Step 3 (of 4) - PROVIDE APPLICANT CONTACT INFORMATION

Phone _____ Email or Phone2 _____

Step 4 (of 4) - MAIL DOCUMENTS TO MORPHOTRUST

Mail the following documents to the MorphoTrust USA address provided below.
1. This printed and signed document
2. Fingerprint card
NOTE: If your agency requires a Social Security number, please write it on the card or we will not be able to process your enrollment.

MorphoTrust USA
Texas Cardscan Processing ZS16001171E
3051 Hollis Drive, Suite 310
Springfield, IL 62704

 Print a Copy

Read Step 2 of 4, then Sign and Date.

Send your signed registration receipt, your FBI fingerprint card (DO NOT FOLD), and a check or money order made payable to the Texas Racing Commission for the fingerprint processing fee of \$43.50 to:

TEXAS RACING COMMISSION
8505 CROSS PARK DRIVE, SUITE 110
AUSTIN, TX 78754-4552

DO NOT SEND ANYTHING TO MORPHOTRUST USA.