SAFRAN
MorphoTrust USA

6840 Carothers Parkway
Suite 650
Franklin, TN 37067
www.identoGo.com

Manual Card Submission Procedures

Applicants who are unable to be fingerprinted in WV at a MorphoTrust Live Scan site can submit FBI hard cards to the MorphoTrust card scan office. The MorphoTrust hard card scanning 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 their fingerprint record processed as quickly as if they had traveled to a LiveScan machine. The section below details the procedures for submitting fingerprints to the LiveScan Processing Unit.

West Virginia

- Applicants should obtain a set of fingerprints from a local law enforcement agency or other entity that provides fingerprinting services. These fingerprints may be either traditional ink rolled fingerprints or LiveScan fingerprints.
- Fingerprints may be submitted on FBI applicant cards or fingerprint cards from any other state or local government agency (we prefer standard FBI applicant cards). Standard card is form **FD-258** available from your agency or the FBI. **Slap prints (all four fingers at once on each hand) on the bottom of the card MUST be printed vertically in the assigned boxes on the card, not slanted or horizontal.**
- Applicants need to make sure the fingerprint card is completely filled out. Required information includes: Full name, date of birth, home address, sex, height, weight, hair color, eye color, place of birth (state or country only), citizenship, reason fingerprinted and ORI.
- Applicants will need to mail a copy of the appropriate West Virginia Card Scan Information Form with the fingerprint card. All fields must be completed and match information provided on the fingerprint card. **All information should be legible.**
- Applicant must complete and sign a WVSP Authorization form. Form 39 is used for STATE ONLY Requests, Form 39C is used for NCPA/VCA requests, and Form 39F is used for STATE AND FBI Requests. ***Any applicants under the age of 18 must have a guardian signature on the fingerprint card and authorization form.***
- **Failure to completely fill out the information on the fingerprint card or failure to provide the appropriate Information Form will result in the card being returned to the applicant, which will delay the fingerprint submission.**
- The fully completed card, along with the WV Card Scan Information Form, Authorization Form, and the appropriate fee (indicated in the application packet) should then be mailed to the following address:

  MorphoTrust
  West Virginia Cardscan
  6840 Carothers Parkway Suite 650
  Franklin, TN 37067

Please include a daytime telephone number or email address where the applicant can be reached if we have a question about the fingerprint card.

- Please include the full name of the applicant on each check or money order.
- Applicants wishing to verify that a fingerprint card has been processed may call (855) 766-7746 and speak with a customer service representative.

West Virginia Card Scan Services - Information Form

Instructions for applicant: Please complete and return

1. **Card Scan Information Form (this form)**
2. **Payment made payable to MorphoTrust**
3. **Two (2) completed fingerprint cards**
4. **One (1) WVSP 39 Authorization form for State Only requests, one (1) WVSP 39C Authorization form for NCPA/NCA requests, or One (1) WVSP 39F Authorization form for State and FBI requests** (last page, bottom box)

Send above packet to:

MorphoTrust
West Virginia Cardscan Dept
6840 Carothers Parkway Suite 650
Franklin TN 37067
Checks should be made payable to MorphoTrust

Please Print Clearly

ORI: WV920124Z Contributor Agency: West Virginia Board of Pharmacy

Check one: ☐ New Submission ☐ Resubmission If resubmission, list TCN Number here:_____

Name of Applicant: Last _____ First _____ M.I. _____

Alias / Maiden Name: _____

Street Address: _____

City, State, & Zip: _____

Date of Birth: _____ Age: _____ Sex: ☐ Male ☐ Female

Race: _____ Ethnicity: ☐ Hispanic ☐Non Hispanic ☐ Unknown

Height: _____ft. _____in. Weight: _____lbs.

Skin Tone: _____ Eye Color: _____ Hair Color: _____

State / Country of Birth: _____ Country of Citizenship: _____

Social Security number _____ Contact Phone Number _____

Payment Section:

- Regular Background Check (WV state check only) $32.50
- Central Abuse Background Check (WV state check only, DHHR facility number needed) $22.50
- NCPA / VCA Background Check (WV state and FBI check) $33.25
- State and Federal Background (if authorized by WVSP and FBI) $44.50
- State and Federal with DHHR facility number (Central Abuse, if WVSP authorized) $34.50
- Payment for the Card Scan submission must be included with your fingerprint cards **made payable directly to MorphoTrust** –in the form of a personal, business, and certified or bank check or a money order.

WVSP 39 **STATE ONLY** REQUEST-FINGERPRINT AUTHORIZATION
07/15

Name of Applicant_____

Address of Applicant_____

Certification: I hereby request a record check be made to find any police record on the herein named individual and by submitting this request, I understand that the submitted information will be retained by the West Virginia State Police in the Automated Fingerprint Identification System and that my fingerprint images will be stored electronically on site in a secure manner for Rap Back purposes. I certify that this is for official business and I am authorizing the below named agency/individual to obtain any record found.

Agency/Individual Name_____

Agency/Individual Address_____

Signature of Applicant_____

Facility Number (if applicable) _____

WVSP 39C **NCPA/VCA ONLY** REQUEST-FINGERPRINT AUTHORIZATION
07/15

Name of Applicant_____

Address of Applicant_____

Certification: I hereby request a record check be made to find any police record on the herein named individual and by submitting this request, I understand that the submitted information will be retained by the West Virginia State Police and/or the FBI in the Automated Fingerprint Identification System and that my fingerprint images will be stored electronically on site in a secure manner for Rap Back purposes. I certify that this is for official business and I am authorizing the below named agency/individual to obtain any record found.

Agency/Individual Name_____

Agency/Individual Address_____

Signature of Applicant_____

Entity Number _____

WVSP 39F **STATE AND FBI** REQUEST-FINGERPRINT AUTHORIZATION
07/15

Name of Applicant_____

Address of Applicant_____

Certification: I hereby request a record check be made to find any police record on the herein named individual and by submitting this request, I understand that the submitted information will be retained by the West Virginia State Police and/or the FBI in the Automated Fingerprint Identification System and that my fingerprint images will be stored electronically on site in a secure manner for Rap Back purposes. I certify that this is for official business and I am authorizing the below named agency/individual to obtain any record found.

Agency/Individual Name West Virginia Board of Pharmacy

Agency/Individual Address 2310 Kanawha Blvd. E., Charleston, WV 25311

Signature of Applicant_____

Facility Number (if applicable) _____