

To Self Register, Self Pay for a fingerprint scan:

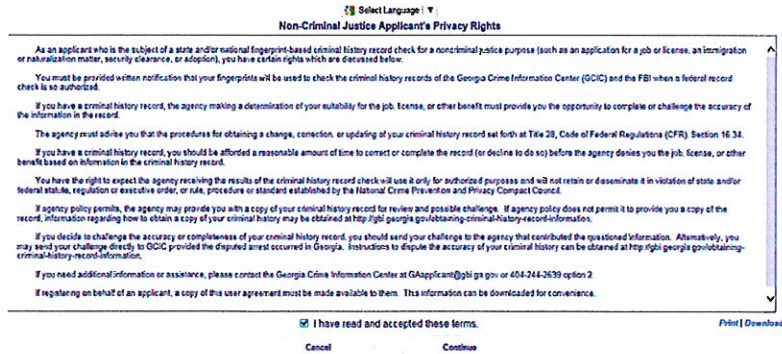
- Go to:

<https://www.aps.gemalto.com/ga/index.htm>

- Click Applicant Registration
- Select Department of Early Care & Learning (DECAL)



- Click Register to be Fingerprinted
- Click on I have read and accept these terms then continue



- Complete all areas in yellow. Use **YOUR** personal email and home address.

- Position Applied for example:
 - Student
 - Volunteer
 - Teacher
 - Paraprofessional

Notes: * Fields in yellow are required. Please note that fingerprinting hours may be different than open store hours. Be sure to confirm that the location is fingerprinting before heading down.

- Verify all information for accuracy then click submit

Applicant Registration
Step 2 - Please Verify Your Information

Transaction Information			
Reviewing Agency:	GA922280Z - GA DEPT EARLY CARE & LEARNING	Reason for Fingerprinting:	DECAL- Daycare Director/ Employee
Requesting Agency:	GA922280Z	Position Applied For:	POSITION OFFERED
Payment Type:	Credit Card	Submitting Ink Cards:	No - You selected electronic fingerprinting
Personal Information			
Last Name:	ANY	First Name:	EMPLOYEE
Middle Name:		Suffix:	NONE
Social Security #:	123556699	Weight:	150
Date of Birth:	03031950 (MMDDYYYY)	Race:	White (includes Mexicans and Latinos)
Sex:	Female	Hair Color:	Blonde
Eye Color:	Blue	Place of Birth:	GA
Height:	506	Driver's License State:	NONE
Country of Citizenship:	US		
Driver's License No.:			
Address Information			
Address:	2360 MURPHY BLVD	Address 2:	
City:	GAINESVILLE	APT.:	
State:	GA	Zip:	30504
Phone #:	7705358372	Email:	HANNAH@CHALLENGEDCHILD.ORG

Go Back Submit

- Fill in all your credit card information then click submit.

3M **Applicant Fingerprinting Online Services**

Step 3 - Credit Card Payment

Registration Information		
Registration ID:	GA173DD24139742	Name: EMPLOYEE ANY
Transaction Type:	DECAL- Daycare Director/ Employee	
Transaction Fee:	\$48.25	

**Fields with the yellow background color are required. Important notice regarding failed payments and google toolbar*

Credit Card Information	Billing Address
Credit Card Type <input type="button" value="Select Card Type"/>	Street Address
Card Number	City State
Card Security Code (CSC) <small>*It is NOT the last 4 digits of the credit card number.</small>	Zip Code
Expiration Date <input type="button" value="Select Month"/> <input type="button" value="Select Year"/>	Daytime Phone Number () - Ext.
Name As It Appears On Card	Email Address

NOTE: Please do not click the back button of the browser and click only once on the "Pay" button. If you cannot see the receipt page after 20 seconds, please go to the cogenid.com home page, find the program you are register for, and click "Print Receipt" link to check whether your payment is successful.

PRINT THE RECEIPT PAGE TO TAKE WITH YOU TO BE FINGERPRINTED. BRING THE RECEIPT PAGE (sample attached), ALONG WITH THE PAGE THEY GIVE YOU AFTER BEING FINGERPRINTED TO HANNAH ESPINOZA OR KATIE ZOTTNICK ASAP. YOU WILL ALSO NEED TO PROVIDE YOUR COMPLETED BFTS FINGERPRINT APPLICATION (attached) AT THAT TIME.



Applicant Fingerprinting Online Services

Applicant Registration
Step 4 - Registration CompleteThank you for Registering
Receipt

Registration ID:	GA XXXXX6289340
ORI:	GA922290Z - GA DEPT EARLY CARE & LEARNING
Last Name:	SAMPLE
First Name:	SAMPLE
Transaction Type:	DECAL- Daycare Director/ Employee
Payment Type:	Credit Card
Transaction Fee:	48.25
Payment Confirmation #:	37XXXX4800
Message:	

*This registration will expire after 90 days from the registration date.
It will be cancelled and any payment refunded at this time if the applicant has not been fingerprinted.
Please print information and take it to the fingerprinting site.*

[Print Receipt](#)[Close](#)

TO FIND A LOCATION FOR FINGERPRINTING GO TO THE FOLLOWING LINK:

<https://www.aps.gemalto.com/ga/index.htm>

- Under Helpful Links click the first link
 - *Find a fingerprint location*

Here are the locations for the Hall County Region:

Company	City	State	County
<u>The UPS Store #3778</u>	Athens	GA	Clarke
<u>Advantage Behavioral Health Systems</u>	Athens	GA	Clarke
<u>Qwik Pack and Ship</u>	Martinez	GA	Columbia
<u>Breath of Life Training</u>	Martinez	GA	Columbia
<u>AVITA Community Partners</u>	Flowery Branch	GA	Hall
<u>The UPS Store #4611</u>	Flowery Branch	GA	Hall
<u>Hancock County Sheriff Office</u>	Sparta	GA	Hancock

BRIGHT FROM THE START
Georgia Department of Early Care and Learning
FINGERPRINT RECORDS CHECK APPLICATION

TO BE COMPLETED BY APPLICANT:

COGENT Registration ID: _____

(Please read instructions on the following pages before completing this application.)

1. APPLICANT/EMPLOYEE TYPE: Owner (present in facility)
 Director/Provider
 Employee - Teacher/Asst. Teacher
 Employee - Other
 Resident
 Temporary/Substitute Caregiver
 Independent Contractor
 Volunteer
 Student-In-Training (must submit proof of enrollment with this application)
 Informal Provider
2. PROGRAM TYPE: Child Care Learning Center
 Family Child Care Learning Home
 Exempt Program
 Head Start Program
 Support Center
- Date of Hire: _____

3. PRINT FULL NAME: _____
LAST FIRST MIDDLE MAIDEN /ALIAS DATE OF BIRTH

_____ GENDER RACE SOCIAL SECURITY NUMBER STATE/COUNTRY OF BIRTH

_____ HEIGHT WEIGHT EYE COLOR HAIR COLOR () HOME TELEPHONE NUMBER

() CELL PHONE NUMBER PERSONAL E-MAIL ADDRESS

HOME ADDRESS: STREET CITY STATE ZIP

MAILING ADDRESS: STREET/P.O. BOX CITY STATE ZIP

4. In the past five years, have you resided in a state other than Georgia, a US territory or tribal land? NO YES
IF YES, LIST ALL: _____

5. I hereby authorize Bright from the Start: Georgia Department of Early Care and Learning (DECAL) to receive any criminal history record information pertaining to me which may be on file with any criminal justice agency in the United States, its territories or tribal lands. I authorize DECAL to conduct a search of the National Sex Offender Registry, the child abuse/neglect registry of Georgia and of any state in which I have resided within the past five years. I further authorize DECAL to release a fitness determination to the program identified below. I understand that this authorization is valid for up to and including 180 days from the date of signature for the criminal history release and that Georgia law authorizes DECAL to require additional records checks when the department has reason to believe that I have a record that renders me ineligible to have contact with children in the center or during the course of an investigation.

APPLICANT'S SIGNATURE

DATE

6. TO BE COMPLETED BY DIRECTOR, PROVIDER OR PROGRAM ADMINISTRATOR:

NAME OF PROGRAM

PROGRAM IDENTIFICATION NUMBER

PROGRAM STREET ADDRESS

CITY, STATE, ZIP

PROGRAM MAILING ADDRESS

CITY, STATE, ZIP

7. My signature indicates that I am the Director, Provider or Program Administrator and that I have verified the above information on the applicant.

SIGNATURE DATE

PROGRAM TELEPHONE NUMBER

NAME (PRINTED)

MAIL TO:
BRIGHT FROM THE START: GEORGIA DEPARTMENT OF EARLY CARE AND LEARNING
ATTENTION: RECORDS UNIT
2 Martin Luther King Jr. Drive, SE, Suite 754, East Tower
Atlanta, Georgia 30334

FAXED APPLICATIONS WILL NOT BE ACCEPTED. SUBMIT APPLICATIONS THROUGH DECAL KOALA FOR FASTER PROCESSING.

BRIGHT FROM THE START
Georgia Department of Early Care and Learning
FINGERPRINT RECORDS CHECK APPLICATION

To receive a fingerprint records check determination letter, you must complete all of the following steps:

1. Complete the online application and submit or complete this paper application and mail it to the DECAL Records Unit
2. Register with the COGENT system
3. Scan your fingerprints through COGENT
4. Follow instructions provided by DECAL if you've lived in a US territory, tribal land or state other than GA in the past five years.

INSTRUCTIONS FOR COMPLETING PAPER FINGERPRINT RECORDS CHECK APPLICATION

Please use a blue or black ball point pen, press firmly, and PRINT legibly.

APPLICANT WILL COMPLETE THE FOLLOWING SECTIONS:

First, write your COGENT Registration ID number at the top of the form in the space provided.

1. Check the box that identifies the type of fingerprint records check applicant.
2. Check the box that identifies the type of child care facility or program.
3. Print your date of hire.
Print your full name, including your MAIDEN name and any known ALIASES. DO NOT use initials if you have a given name.
Print your date of birth.
Print your gender: Female, Male, Unknown.
Print your race: Asian or Pacific Islander, Black, American Indian or Alaskan Native, Unknown, White (includes Mexicans and Latinos).
Print your Social Security Number.
Print your place of birth: List the state/territory if you were born in the United States. If you were born outside of the United States, list the country in which you were born.
Print your height.
Print your weight.
Print the color of your eyes: DO NOT abbreviate: Brown, Black, Gray, Blue, Green, Hazel, Maroon, Multicolored, Pink or Unknown.
Print the color of your hair: DO NOT abbreviate: Black, Blonde, Blue, Brown, Gray, Orange, Pink, Purple, Red, Sandy, Unknown/Bald or White.
Print your home and cell telephone numbers with area code.
Print your personal email address (*not the email address of the child care facility*).
Print your complete home address (*no P.O. Boxes*).
Print your complete mailing address if different than your home address. If your mailing address is the same as your home address, print "SAME AS ABOVE" on that line.
4. Indicate whether you have lived in a state or territory of the United States other than Georgia any time within the past five years. If you have, list those states or territories. DO NOT abbreviate.
5. Read the consent statement. Sign and date on the spaces provided if you agree to the terms of the consent statement.

DIRECTOR, PROVIDER OR PROGRAM ADMINISTRATOR WILL COMPLETE THE FOLLOWING SECTIONS:

6. Print the name of your program as it appears on your license, registration, permit, exemption or commission certificate. Print the license, registration, permit, exemption or commission number of your program. Print the program's physical address. Print the program's mailing address, if different than the physical address.
Note that record check determination letters will be emailed ONLY to the primary email address on file with the state.
7. Director, Provider or Program Administrator must sign his/her name as it would appear on business letter. Print the name of the Director, Provider or Program Administrator name below the signature. Print the date signed. Print the program telephone number.
8. MAIL the completed, and signed form to the Records Unit (faxed applications will not be accepted).

BRIGHT FROM THE START: GEORGIA DEPARTMENT OF EARLY CARE AND LEARNING
Attention: Records Unit
2 Martin Luther King Jr. Drive, SE, Suite 754, East Tower
Atlanta, Georgia 30334