

To Self Register, Pay for Fingerprint Scan:

1. Go to <https://www.aps.gemalto.com/ga/index.htm>
2. Click "Applicant Registration"
3. Select "Department of Early Care & Learning (DECAL)"

gemalto Applicant Fingerprinting Online Services

To register for a background check, please select one of the options below:

GEORGIA COURT SERVICES (CS)	DEPARTMENT OF EARLY CARE & LEARNING (DECAL)	EDUCATION AGENCIES (EA)
DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL DISABILITIES (DBHDC)	DEPARTMENT OF DRIVER SERVICES (DDS)	GEORGIA STATE-ONLY BACKGROUND CHECKS (GSBC)
DEPARTMENT OF COMMUNITY HEALTH (DCH)	REAL ESTATE COMMISSION APPRAISERS BOARD (RECBAB)	CITY/COUNTY GOVERNMENT AND LAW ENFORCEMENT AGENCIES (CCGC)
DEPARTMENT OF PUBLIC HEALTH (DPH)	DEPARTMENT OF HUMAN SERVICES (DHS)	DEPARTMENT OF BANKING AND FINANCE (DBF)
OFFICE OF INSURANCE SAFETY FIRE COMMISSIONER (OIC)	GEORGIA VOCATIONAL REHABILITATION AGENCY (GVRA)	GEORGIA BUREAU OF INVESTIGATION (GBI)
DEPARTMENT OF JUVENILE JUSTICE (DJJ)	GEORGIA DEPARTMENT OF REVENUE	DEPARTMENT OF DEFENSE
DEPARTMENT OF COMMUNITY SUPERVISION (DCS)		

Close

4. Click "Register to be fingerprinted"



Department of Early Care and Learning (Bright from the Start)

REGISTER TO BE FINGERPRINTED

Click to Register

5. Click "I have read and accepted these terms," then continue

Select Language

Non-Criminal Justice Applicant's Privacy Rights

As an applicant that is the subject of a Georgia only or a Georgia and Federal Bureau of Investigation (FBI) national fingerprint/biometric-based criminal history record check for a non-criminal justice purpose (such as an application for a job or license, immigration or naturalization, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification that your fingerprints/biometrics will be used to check the criminal history records maintained by the Georgia Crime Information Center (GCIC) and the FBI, when a federal record check is so authorized.
- If your fingerprints/biometrics are used to conduct a FBI national criminal history check, you are provided a copy of the Privacy Act Statement that would normally appear on the FBI fingerprint card.
- If you have a criminal history record, the agency making a determination of your suitability for the job, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The agency must advise you of the procedures for changing, correcting, or updating your criminal history record as set forth in Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a Georgia or FBI criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the agency denies you the job, license or other benefit based on information in the criminal history record.
- In the event an adverse employment or licensing decision is made, you must be informed of all information pertinent to that decision to include the contents of the record and the effect the record had upon the decision. Failure to provide all such information to the person subject to the adverse decision shall be a misdemeanor [O.C.G.A. §35-3-34(b) and §35-3-35(b)].

You have the right to expect the agency receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of state and/or federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.

If the employment/licensing agency policy permits, the agency may provide you with a copy of your Georgia or FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, information regarding how to obtain a copy of your Georgia, FBI or other state criminal history may be obtained at the GBI website (<http://gbi.georgia.gov/obtaining-criminal-history-record-information>).

If you decide to challenge the accuracy or completeness of your Georgia or FBI criminal history record, you should send your challenge to the agency that contributed the questioned information. Alternatively, you may send your challenge directly to GCIC provided the disputed arrest occurred in Georgia. Instructions to dispute the accuracy of your criminal history can be obtained at the GBI website (<http://gbi.georgia.gov/obtaining-criminal-history-record-information>).

Privacy Act Statement

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.



Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; federal law enforcement agencies, criminal justice agencies, and agencies responsible for national security or public safety.

I have read and accepted these terms.

Cancel Continue

Print | Download

6. Complete ALL AREAS IN **YELLOW**. Use YOUR personal email and home address.
- Under "Reason" select "DECAL- ChildCare Provider"
 - Requesting Agency ID: GAP11164
 - Payment: Agency
 - You may leave "Position Applied For" blank.

Applicant Fingerprinting Online Services

Select Language | Applicant Registration
Step 1 - Please Enter Your Information

Transaction Information

Reviewing Agency ID: GA922290Z	Reason: DECAL- Child Care Provider/D
Requesting Agency ID: GAP11164	Position Applied for:
Payment: Agency	Fingerprint Card User: <input type="checkbox"/> <small>By checking this box, you are agreeing to submit ink cards to Gemalto Cogent. See here for details.</small>

Personal Information

Last Name:	First Name:
Middle Name:	Suffix: SELECT
Social Security #: No dashes	Re-enter SSN: No dashes
Date of Birth: MMDDYYYY	Weight:
Sex: SELECT	Race: SELECT
Eye Color: SELECT	Hair Color: SELECT
Height: SELECT	Place of Birth: SELECT
Country of Citizenship: SELECT	State Driver's License: SELECT
Driver's License #: Don't include 'GA'	

Address Information

Address:	Address 2:
City:	APT:
State: SELECT	Zip:
Phone #:	Email:

Verify all information for accuracy, then click "submit"

PRINT THE RECEIPT PAGE TO TAKE WITH YOU TO BE FINGERPRINTED. BRING THE RECEIPT PAGE (sample below), ALONG WITH THE PAGE THEY GIVE YOU AFTER BEING FINGERPRINTED TO **CARLA BAKER** 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 3 - Registration Complete

Thank you for Registering
Receipt

Registration ID:	GA1234567891234 <i>"GA" followed by a random 13-number/letter code</i>
Requesting Agency:	GA922290Z
Results will be sent to:	GA922290Z - GA DEPT EARLY CARE & LEARNING
Last Name:	LAST NAME
First Name:	FIRST NAME
Reason for Fingerprinting:	DECAL- Daycare Director/ Employee
Payment Type:	AGENCY
Transaction Fee:	\$48.25
Message:	

*Please print this receipt and bring with you to the fingerprint site.
If unable to print the receipt, you can email it or simply copy the Registration ID to bring with you.*

1. Take fingerprinting registration receipt (example above) to:

Gainesville Hall Community Center

430 Prior St

Gainesville, GA 30506

Ph: 770-503-3330

9 a.m. – 1 p.m. M- F

to be fingerprinted.

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