



## Applicant Fingerprinting Online Services

### New Mexico Applicant Fingerprint Registration Receipt Step 1 - Please Enter Your Information

#### Transaction Information

ORI: \*

Reason: \*

#### Personal Information

First Name: \* Middle Name:

Last Name: \* Suffix:

Aliases:  Date of Birth: \*  
(MMDDYYYY)

Social Security No SOC:  Reenter SOC:

Place of Birth  
POB:

\* Country of Citizenship CTZ:

\*

Sex:

\*

Race:

\*

Weight: \*

\*

Height:

Hair Color:

\*

Eye Color:

\*

Driver License No:  Driver License State:

#### Address Information

Address 1: \* Address 2:

City: \* State:

\*  
Zip: \* Phone: \*

Email: \*

I don't have email address

**Employer Information**

Employer Name:  Employer Address 1:

Employer Address 2:  Employer City:

Employer State:

Employer Zip:

Occupation:

Note: Highlighted fields are required and marked by a \*.