



FINGER PRINTING TUTORIAL

Start at IN.IBTFINGERPRINT.COM

Fingerprinting & Enrollment Services

For Licensing, Certification or Employment requirements in Indiana

For New Appointments	To Look Up or Change an Existing Appointment	For Fingerprint Rejection Notices
To schedule a new appointment, click the green button below. We will ask you for the information needed to schedule and process your appointment.	To look up, reschedule or cancel your appointment, please choose one of the below methods to locate your record.	To schedule your retake appointment, we need to lookup your registration. Please choose one of the below methods to locate your record.
Schedule a New Appointment	Registration ID (REGID) Email Address	Transaction Control Referral (TCR)

Agency

Select the State Agency or License/Permit category that you are being printed for

Agency Name [Go](#)

Applicant Type

Why are you being Fingerprinted? Please select the Applicant Type from the Drop Down Box.

Applicant Type [Go](#)

[Back](#)

Volunteer

What Type of Volunteer are you?

[Go](#)

[Back](#)

Volunteer

Select the Facility or Agency that you are working with

Agency Names [Go](#)

[Back](#)

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DCS Disclosure Data

Enter the agency/county personnel you are working with.

Agency/county personnel you are working with

DCS Disclosure Data

Enter the agency/county you are working with.

Agency/county you are working with

DCS Disclosure Data

Enter the telephone number of agency/county you are working with:

Telephone number (if available):

DCS Disclosure Data

Have you ever been arrested for or convicted of a crime that has not been expunged by a court?

Enter your zip code to find locations near you and schedule an appointment.

Appointment Details

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.



On the next page, choose a location date, and time, then hit "Go."

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Fill out the application form and submit it with the “Send Information” button.

Applicant Information

Instructions

Items marked with an * are required. A red exclamation mark will appear to the right of any field that has an error. Click on the exclamation mark for a description of the error.

Applicant Name

Prefix ▼	First Name * <input type="text"/>	Middle Name <input type="text"/>	Last Name * <input type="text"/>	Suffix ▼
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Applicant Home Address

Number * <input type="text"/>	Direction ▼	Street Name * <input type="text"/>	
Unit Designator <input type="text"/>			
Country * United States ▼	City * <input type="text"/>	State * ▼	Zip Code * <input type="text"/>

Methods of Contact

Phone 1 * ### ### ####	Phone 1 Type * ▼	Phone 2 ### ### ####	Phone 2 Type ▼
Email * <input type="text"/>	Confirm Email * <input type="text"/>		
Please check if you have no email <input type="checkbox"/>			
Preferred Contact Method * ▼	Preferred Contact Time ▼	Contact Notes/Instructions <input type="text"/>	

Yes, please email me educational materials, special offers and information about other IdentoGO products and services.

Applicant Demographic Data

Date of Birth (MM/DD/YYYY) * <input type="text"/>	Gender * ▼	Height * ▼ ft. ▼ in.	Weight * <input type="text"/>	Race * ▼
Hair Color * ▼	Eye Color * ▼	Place of Birth * ▼	Citizen Country * United States ▼	
Social Security Number * <input type="text"/>				

After You Have Entered All Required Information ----> [Send Information](#)

If ever asked to pay, enter our account number: INB001043