NYS Liquor Authority/Division of Alcoholic Beverage Control
NYS Request for Card Services - Information Form - (Out of State Residents)

***Fingerprints must be taken by an authorized law enforcement agency*.**

Submit the Following Items:
*NYS Request for Card Scan Services - Information Form (this form)
*Two (2) FBI (blue) fingerprint cards
*A copy of your Application Receipt
*The fee of $102.00 payable by credit card or check made out to "MorphoTrust USA"

Submit all items to the address below. DO NOT BEND CARDS WHEN MAILING!!

New York State Liquor Authority
ATTN: Fingerprint Unit
80 South Swan Street, Suite 900
Albany, NY 12210

Contributing Agency Section:

ORI: **NY922217Z** Contributor Agency: **NYS Liquor Authority** License Type: **Liquor License**

Agency ID Number (Serial Number) ***Applicant must provide the serial number:***

You must provide a response in every field. All information provided in the Applicant information section must ***EXACTLY MATCH*** the information listed on the Blue FBI fingerprint cards. Any discrepancies between this form and the fingerprint cards may result in the rejection of your fingerprint submission and a subsequent denial of your license application.

All the following fields must be completed on the Blue FBI Finger Print Cards: Signature of Person Fingerprinted; Residence of Person Fingerprinted; Date; Signature of Official Taking Fingerprints; Last Name, First Name, Middle Name; Citizenship; Sex; Race (American Indian, Asian, Black, White, Other, Unknown); Height; Weight; Eyes (Color); Hair; Date of Birth; Place of Birth.

Applicant Information: ◯ New Submission ◯ Re-submission Applicant SS#

Applicant Name: Last First

Alias/ Maiden Name: Middle

Street Address:

City, State, Zip Code:

Date of Birth: Age: Sex: Race: Ethnicity:

Height: Feet: Inches: Weight: lbs. Skin Tone: Eye Color: Hair Color:

State/Country of Birth: Country of Citizenship:

Payment Section: **Fee $102.00**

Payment options include: personal or business check, certified check, bank check, money order or credit card.
If paying with a third party check, please clearly print the applicant's name at the top of the check.

Paid by: ◯ Check or Money Order (payable to "MorphoTrust USA") Check Number:

◯ Credit Card Card Number: Expires:

NOTE: all credit cards must have a United States billing address.

Print Form