

GEORGIA GAPS: Fieldprint Scheduling USER GUIDE

EMPOWERED BY VERTICAL SCREEN

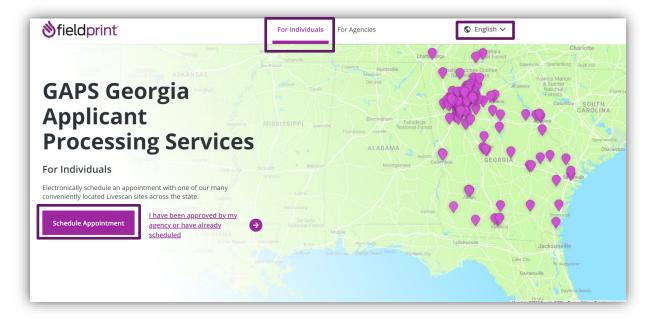
Proprietary information. Property of Fieldprint, Inc. This confidential information is not to be shared with any party outside of your department/company without the written consent of Fieldprint, Inc.



Fieldprint maintains a specific website to support Georgia's Applicant Processing System. This site will not only allow applicants to register online and schedule a fingerprint appointment, but also guide entities through the necessary steps to sign up to become a requesting agency.

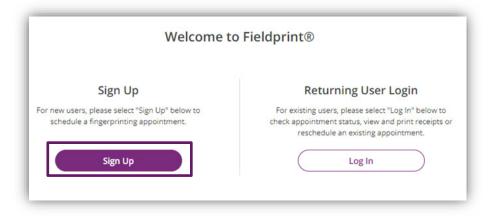
Getting Started

To begin scheduling go to <u>https://www.fieldprintgeorgia.com</u>, also viewable in Spanish by clicking the language dropdown. This site will provide valuable information about the fingerprinting process, helpful FAQs, and contact information. To get started, click **Schedule Appointment** under the **For Individuals** page.



Creating a User Profile

New users need to create a new user account by clicking **Sign Up**. The Sign Up wizard will walk you through the steps to set up an account, culminating in a verified account that will be used to schedule fingerprints. Returning users can simply **Log In**.

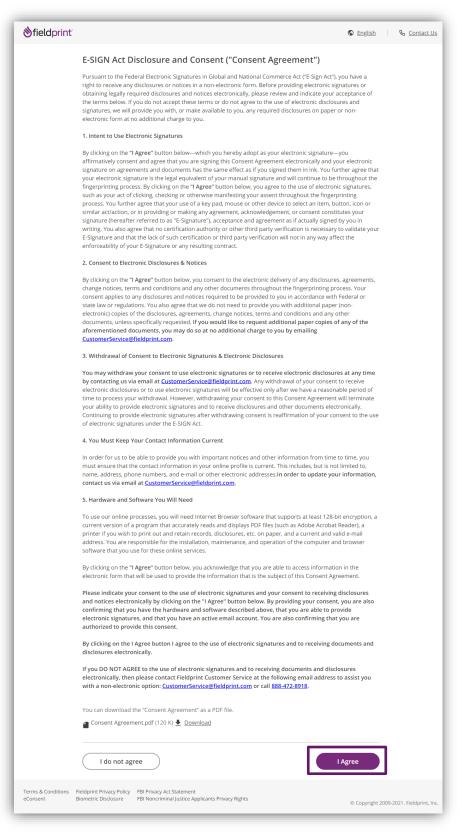


1



Identity delivered.

Read over the E-SIGN Act Disclosure and Consent ("Consent Agreement") and click I Agree.





The next page will prompt you to create your account. You will need to enter your e-mail address, first name, and last name, and set your password. Passwords must be between 8-128 characters long, must contain one number, one capital letter, one lower case letter, and one special character. Passwords are case-sensitive. The password rules are provided on the Sign Up page for reference.

You will also be prompted to enter three security questions and their answers. This will be used to verify your identity in the event that you forget the password in the future. The questions must be from the preset list and you cannot provide the same question or answer twice.

| ⊗field print [™] | | © Englist | Contact |
|----------------------------------|---|--|---------|
| | Create Account Please fill in the following fields to cre | ate an account | |
| | E-mail * | John.Doe@test.com | |
| | | | |
| | Username * | JohnDoe | |
| | Password * | shc | W |
| | | Must contain at least 1 digit. Must be between 8 to 128 characters. Must contain at least 1 lower case letter and at least 1 upper case letter Must contain at least 1 special character (! " # \$ % & ' () * + , - , / ; ; < = >? @ [] ` { } ~). | ^_ |
| | Confirm Password * | sho | W |
| | First Name * | John | |
| | Last Name * | Doe | |
| | Mobile Phone Number | | |
| | Security Questions Please select three security questions your username, password, email addr | and provide answers in the boxes below. Your answer(s) cannot contain ress or security question. | |
| | Security Question 1 * | What was your childhood nickname? | ~ |
| | Answer 1 * | sho | W |
| | Security Question 2 * | What is your oldest cousin's first and last name? | ~ |
| | Answer 2 * | shc | W |
| | Security Question 3 * | In what city does your nearest sibling live? | ~ |
| | Answer 3 * | shc | W |
| | Back | Continue | |
| | | | |

Enter all required fields and click **Continue** to move forward.



An email will be sent to your provided email address. Check your email for the verification code and enter it on the next page. Do not close your browser. The code will expire after 30 minutes. See below for an example of the email that will be sent.

| Fri 4/16/2021 10:04 AM | ł |
|---|---|
| auth@verticalscreen.com | |
| ACCEPTANCE TESTING Fieldprint Scheduling Account Verification | |
| To E Fieldprint IT Support | |
| | 1 |
| You created an account with Fieldprint Scheduling. | |
| Username: JohnDoe1 | |
| | ł |
| Please enter the Verification Code below into the Verification Code field on the Fieldprint Scheduling website to continue: | |
| 60368404 | |
| Please Note: Don't delay, your verification code is only valid for 30 minutes and if you closed your browser, just sign back in and you will be prompted to enter this code there. | |
| If you did not request to create an account, please contact us. | |
| Thank you, | |
| Fieldprint Services Team customerservice@fieldprint.com | |
| customerservice@inietgomic.com 800-799-1067 | |
| To be sure you receive future notifications from us, please add customerservice@fieldprint.com to your email contact list. | ł |
| to be sure you receive truthe notifications from us, please and customerservice/enelopint.com to your enail contact ist. For your protection, we will never ask you conail personal or sensitive information, such as your Social Security Number or Date of Birth. If you receive such a request, it is not from the Application Station Team, and we ask you | ł |
| please contact us immediately at 800-799-1067. | ł |

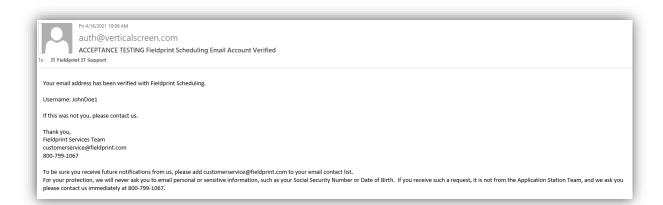
Enter the code from the email and click **Complete Registration** to move forward.

| ⊗field print [™] | | | | | S English | | & Contact Us |
|----------------------------------|---|---|--|---|---------------|--------|-----------------------|
| | Verification" and will | nt to your provide arrive from email ections in the ema | sender auth@fieldprint.con il to continue creating your | | t Account | | |
| | | ession closes, plea emailed to you at | ise log back in using your us | ername and password and ente during account creation. This V | | | |
| | Verification Code * | | 13256727 | | | | |
| | Didn't receive an ema | ail? Click <u>here</u> to re | esend email. | | | | |
| | | | | Complete Regis | stration | | |
| Terms & Conditions eConsent | Fieldprint Privacy Policy Biometric Disclosure | FBI Privacy Act Stat FBI Noncriminal Jus | ement stice Applicants Privacy Rights | | © Copyright 2 | 009-20 |)21. Fieldprint, Inc. |



Identity delivered.

You will also receive an email confirming that your email address has been verified.



Once your account has been verified, you will be able to log in to the Fieldprint scheduling site using your credentials.

Please note: You may retrieve your username or password should you forget them by using the "Forgot username?" or "Forgot password" buttons.

| ⊗field print [™] | | |
|----------------------------------|--|-----|
| | Your account has been verified You have successfully verified your account, please log in. | |
| | Log in | |
| | JohnDoe1 | |
| | Password | |
| | Back Login | |
| | | |
| | | |
| Terms & Conditions eConsent | Fieldprint Privacy Policy FBI Privacy Act Statement Biometric Disclosure FBI Noncriminal Justice Applicants Privacy Rights © Copyright 2009-2021. Fieldprint, In | IC. |



New Applicant Registration

You will have a choice to enter either a **Fieldprint Code** (if provided by your employer or organization) <u>or</u> select the appropriate agency from the tiles provided below the Fieldprint code.

| New A | pplicant Registration | |
|----------------------------|---|---|
| Continu | e with Fieldprint Code | |
| | anization has provided you with a Fieldprint C d here. An example ORI is GA922974. | ode, please enter it below to continue. ORI should NOT |
| If you do r registratio | | k and scroll down to select the appropriate option for |
| Fieldprint | Code | |
| - Con | ntinue with Fieldprint Code | |
| cor | | |
| Don't ha | ave a Fieldprint Code? | |
| To registe | r for a background check, please select one of | f the options below. |
| Ŧ | Georgia Court Services | C Department of Early Care & Learning (DECAL) |
| ۶ | Education Agencies | Department of Behavioral Health & Developmental Disabilities (DBHDD) |
| | Secretary of State (SOS) | Georgia State-only Background Checks |
| 0 | Department of Community Health (DCH) | Department of Driver Services (DDS) |
| | City/County Government & Law Enforcement Agencies | Department of Public Health (DPH) |
| 0 | Real Estate Commission Appraisers Board (GREC) | Department of Banking & Finance (DBF) |
| ۲ | Office of Insurance Safety Fire Commissioner (OIC) | Department of Human Services (DHS) |
| ٥ | Georgia Bureau of Investigation | Department of Juvenile Justice (DJJ) |
| - | Georgia Vocational Rehabilitation Agency | Department of Defense (DOD) |
| 0 | Department of Community Supervision (DCS) | Georgia Department of Revenue |
| DOL | Georgia Department of Labor (GDOL) | Georgia Department of Agriculture (GDA) |
| 0 | Georgia Access to Medical Cannabis Commission (GMCC) | Georgia Composite Medical Board |
| 6 | Georgia Department of Corrections | |



If you select an agency, you could be asked to specify the reason and Requesting Agency (if applicable). Useful links to resources for that agency are located at the bottom of the page.

| Georgia Secretary of State To register for a background check, ple *— Required Fields | | the options below. |
|---|------------|--|
| ★— Required Fields | | |
| | | |
| Unarmed Security Guards Appli Please return to the main registratio Checks. | | the option for Georgia State - Only Background |
| Board of Nursing | | Board of Physical Therapy |
| Board of Podiatry | | Charity Bingo |
| GA Board of Examiners of Psyc | chologists | GA Board of Hearing Aid Dealers & Dispensers |
| GA Board of Occupational T | herapy | GA Board of Speech Language Pathology and Audiology |
| Investment Advisor Rep/Agent | s/Dealers | Lactation Specialist |
| Massage Therapy | | Music Therapy |
| Private Detective/Security B | usiness | Trauma Scene Waste Management |
| Used Motor Vehicle Dealer L | License | |
| _ | | |
| Reason for Fingerprinting* | Select one | ~ |
| Reviewing Agency ID* 0 | 5A922931Z | |
| Requesting Agency ID | | |
| The Georgia Secretary of State registers oversees the state's securities' market. | | nual corporate filings, grants professional licenses and |
| Website: | | Contact: |
| http://sos.ga.gov/ | | Call Center (404) 424-9966 |
| Georgia Board of Nursing Georgia Sec Application - Reinstatement.pdf (ga.gov | | |
| | _ | fabiele Borte |
| Georgia State Board for the Registration Dealers Georgia Secretary of State (ga | | |
| Board of Private Detectives and Securit State (ga.gov) or GEORGIA STATE BOAR | | |
| SECURITY AGENCIES (ga.gov) | | |
| Address: 237 Coliseum Drive | | |
| Macon, GA 31217 | | |
| | | |
| | | |
| | | |
| Pack | | Constant - |
| Back | | Continue |

PROPRIETARY & CONFIDENTIAL 12000 COMMERCE PARKWAY SUITE 100 MOUNT LAUREL, NJ 08053 P 888.472.8918 F 888.495.8470 FIELDPRINT.COM

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Data Collection

You will begin the Data Collection process by entering in all required **Personal Information**. Ensure that the information entered is consistent with the IDs you will be presenting at fingerprinting. A list of acceptable forms of ID is linked at the top of the page. This information should match what is on file with your Georgia agency, and discrepancies with this information could result in delays. Data fields are consistent with GBI and FBI standards.

You can enter in aliases by selecting Yes under Other Names. At the bottom, the preferred contact method will allow Fieldprint to reach you in the event of an issue. You may also elect to have an appointment reminder. Once all information is entered, click **Continue**.

| ðfield print [™] | | Contact Us |
|--|--|---|
| Data Collection | Personal Information Please enter your personal informa | ation below. |
| Personal Information | | |
| O Demographics | provided for the appointment m | screen must belong to the person attending the appointment. The name ust be your full, legal name and must match all forms of identification |
| | | ded must also be an exact match to what is listed on the primary form of ollection appointment will not take place if you cannot provide a form of |
| O Biometric Disclosure | ★ — Required Fields | |
| GA Privacy Statement | s Acceptable Forms of ID | |
| | riew First Name* | John |
| | ant Middle Name | |
| | Last Name* | Doe |
| | Suffix | Selectione 🗸 |
| | | e known by or have used (including maiden name, if applicable)? * |
| | 🔾 Yes 🔘 No | |
| | Social Security Number ③ | 123-45-4545 |
| | Address Line 1* 💿 | 123 Home St. |
| | Address Line 2 (Suite/Apt/etc.) ③ | |
| | City* ③ | Hometown |
| | State* ③ | GEORGIA (GA) |
| | Zip Code* 💿 | 30345 |
| | Mailing Address1 | |
| | Mailing Address2 | |
| | Mailing Address City | |
| | Mailing Address State | Selectione |
| | Mailing Address Zip Code | |
| | Date of Birth* 💿 | January V 1 V |
| | Driver's License Number | |
| | Drivers License State | Select one |
| | Phone* (2) | (404) 555-1212 |
| | Alternate Phone ③ | |
| | Email* ③ | JohnDoe@test.com |
| | Preferred Contact Method* ③ | Ernail O Phone |
| | Appointment Reminder* 💿 | Ernail O No |
| | | _ |
| | Cancel & Start New | Continue |



Identity delivered.

Next, enter all **Demographics** required for the fingerprint check.

| Data Collection | Demographics | | | |
|---|---------------------|----------------------------|--|---------|
| Personal Information | | | s used to positively identify you when perform | rming a |
| O Demographics | | de demographic values esta | ablished by the FBI and/or state and federal | |
| | agencies. | | | |
| Biometric Disclosure | ★ — Required Fields | | | |
| | Citizenship* ⑦ | United States of Am | nerica (USA) | ` |
| GA Privacy Statements | Place of Birth* 🕥 | Georgia | | `` |
| | City of Birth* ② | atlanta | | |
| | Gender* ⑦ | Male 🗸 | | |
| | Height* ⑦ | 5 🗸 ft | 10 🗸 in | |
| | Weight* ⑦ | 170 lb | | |
| | Eye Color* ② | Gray | | `` |
| | Hair Color* 🕥 | Gray or Partially Gra | ау | `` |
| | Race* 💿 | Asian/Pacific Island | er | |
| | | | | |

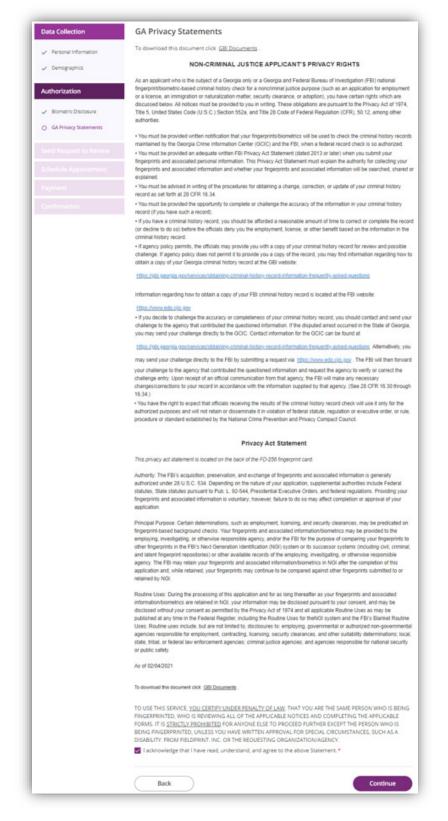
Authorizations

You will next review the **Biometric Disclosure**. Click **I agree** and enter your full name to consent, and click **Continue** to move forward.

| eldprint | S English & Contact Us |
|---|---|
| Data Collection | Biometric Disclosure |
| | State Required Biometric Information Disclosure and Authorization |
| Personal Information | Please be advised that your fingerprints will be collected, stored, and used in connection with your contract and/or employment with organization requesting |
| Demographics | your forgerprint ("ORGMURATION"). Such collection, storage, and use of your forgerprints may occurat any time after the company resolves your written authoration, including during the hiring process, as well as during the occurse of your company and employment with ORGANIZATION or for volunteering/indianing, as the case may buy with Stitute ("your State"). |
| Authorization | Your fingerprints are being collected and used in order to obtain Criminal History Record Information (CHRI) from state governments and/or agencies in connection with your contrast and/or employment or volunteering with ORGANIZATION, or for licensing, as the case may be. |
| O Biometric Disclosure | Your frigerprints and any information obtained using your frigerprints will be retained and stored by Fieldprint, Inc., and will be permanently destroyed minimally after three (3) years of your last interaction with Fieldprint, Inc. In some instances, we may retain your fingerprints for less than three (3) years or |
| GA Privacy Statements | indefinitely, based on the requirements of our clients, which may be regulatory or otherwise. For the exact retention period for your particular purpose, please contact us at (888) 472-4918. You may view Fieldprint, Inc.'s Privacy Policy, on the retention and destruction of biometric information https://www.fieldprint.com/yinacyce/opt/ |
| | Authorization to Obtain and Disclose Biometric Information |
| | By signing below, I hereby authorize Fieldprint, Inc. to collect, store, and use my fingerprints, and further authorize Fieldprint, Inc. to disclose and use my fingerprints to obtain criminal background information in connection with my Stated Purposes. |
| | By signing below. I further authorize Fieldprint, Inc. to share my fingerprint information, oriminal results, and any other information obtained using my fingerprints with ORGANIZATION for the Stated Purposes. |
| | By signing below, I acknowledge and agree that this authorization to obtain and disclose/share my biometric information, criminal results, and any other |
| | information obtained using my fingerprints, is valid now as well throughout the course of my contract, employment, volunteering, and/or licensing, as may be applicable, with ORGANIZATION, where permitted by law. |
| | TO USE THIS SERVICE, <u>YOU CERTIFY UNDER PENALTY OF LAW</u> , THAT YOU ARE THE SAME PERSON WHO IS BEING FINGERPRINTED, WHO IS REVENING ALL OF THE APPLICABLE FORMS. IT & STELICLY PEONIBILETE FOR ANYONE ELSE TO PROCEED FURTHER EXCEPT THE PERSON WHO IS BEING FINGERPRINTED, UNLESS YOU HAVE WRITTEN APPROVAL FOR SPECIAL CIRCUMSTANCES, SUCH AS A DISABILITY, FROM FIELDPRINT, INC. OR THE REQUESTING ORGANIZATION/AGENCY. I lagree* |
| | Your Full Name John Doe |
| | Today's date |
| | Back |



You will next review the **GA Privacy Statements**. Click the box next to "I acknowledge that I have read, understand, and agree to the above statements."





Send Request to Review

If you selected a Reason that requires Agency Approval, you will see the **Send Request to Review** page. Clicking **Submit Request** will submit your request for review by the Georgia organization or agency listed. Otherwise, you will proceed directly to the **Schedule Appointment** page.

| eldprint | S English 🛛 🗞 Contact Us 🕴 🤹 |
|--|---|
| Data Collection Personal Information Demographics Demographics Authorization GA Privacy Statements Send Request to Review Schedule Appointment Payment Confirmation | Send Request to Review Your request will be sent for review to SECRETARY OF STATE/MASSAGE. If approved you will be given the ability to continue with scheduling an appointment. If declined, the reason will be included in the email. If you want to review or modify any data, click Back. If you want to proceed, click Submit Request. |
| | Back Submit Request |

Submitting the request will put the request under review.

|)fieldprint | 🛇 English 🛛 🗞 Contact Us 👘 🚪 |
|---|------------------------------|
| Request Under Review Your request is currently under review with SECRETARY OF STATE/MASSAGE. When the review is complete a notification will be sent to shoynak@fieldprint.com. If approv appointment at https://georgiaacceptance.fieldprint.com. If declined, the reason will be inclu If you have not received notice regarding this review status, please contact SECRETARY OF ST | uded in the email. |
| Back to Home | Log Out |

You will be notified once the organization or agency has reviewed and approved your request.

| Fo IFieldpri | Wed 3/22/2023 5:44 PM customerservice@myfieldprint.com ACCEPTANCE TESTING GAPS Registration Approval nt IT Department |
|--------------|---|
| Name: John | Smith |
| Registration | 1 Date: 03/22/2023 |
| Registration | 1 ID: 935 |
| Reason for | Fingerprints: Massage Therapist Licensce - GA Board of Massage Therapy |
| Results to b | e sent to: SECRETARY OF STATE/MASSAGE |
| and submitt | ration has been approved. Return to georgia fieldprint.com to select a Fieldprint fingerprint site to have your fingerprints scanned ed to the Georgia Bureau of Investigation (GBI) and the Federal Bureau of Investigation (FBI, if applicable within 180 days. If you it prints within 180 days, your registration will be canceled and you will need to register again. |
| If you need | assistance, please contact the Fieldprint, Inc. at 1-877-614-4364 or email us at customerservice@fieldprint.com. |



When you log back in, the system will prompt you to Continue Scheduling.

| ⊗field print [™] | | S English | & Contact Us | 20 |
|----------------------------------|--|------------|--------------|----|
| | Welcome back, John Doe! | | | |
| | Previous Appointments This section displays your previously scheduled appointments. Scroll to the bottom of this page to schedule a new appointment. | | | |
| | John Smith Your request has been approved and you may schedule an appointment. | Approved 🥥 | | |
| | Cancel Continue S | icheduling | | |

Schedule Appointment

Next you will select a location, date, and time for your Livescan fingerprint capture. The system will default to the home address entered, but you are able to change to another address that may be more convenient. Sites can be sorted by distance or soonest available time. Each entry will provide the address, hours of operation, and other key information about the site. Once you choose a site, click **Find Availability**.

| ðfield print″ | S English & Contact Us 🕴 🎝 |
|-------------------------|--|
| Data Collection | Fieldprint Location |
| Personal Information | Please enter an address below to locate nearby Fieldprint® locations. |
| Demographics | 100 Cherry Tree Lane NE, Sandy Springs, GA 30328 × Find |
| | |
| Authorization | 20 Results for 100 Cherry Tree Lane NE, Sandy Springs, GA 30328 |
| Biometric Disclosure | Please use the options below to proceed with scheduling. |
| 🗸 GA Privacy Statements | X <u>Clear Filter</u> |
| Send Request to Review | Wed 22 Mar 23 Mar 24 Mar 25 Mar 26 Mar 27 Mar |
| Schedule Appointment | Distance Soonest Available Time O Open Map View |
| Payment | 🕲 1. Fieldprint Site - Mail Center Etc |
| Confirmation | 6595 Roswell Road, Abernathy Square; Suite G, Atlanta GA 30328- |
| | M TU W TH F 10:00 AM - 04:00 PM V No Additional Fees V ADA Compliant V Livescan V Expedited Processing V Photo V 19 |
| | ∱ 0.33 mi ₫ |
| | 2. Fieldprint Site - The UPS Store #2236 Find Availability 4780 Ashford Dunwoody Road, Ashford Place Shopping Center, Dunwoody GA 30338- |
| | M TU W TH F 10:00 AM - 04:00 PM V No Additional Fees V ADA Compliant V Livescan |
| | ✓ Expedited Processing ✓ Photo ✓ I9 ★ 2.18 mi |



Using the dropdowns you will select the date and time for your appointment and click **Continue**.

| ⊗field print [™] | | | | S Eng | lish e | Contact Us | 20 |
|--|--------------------------|---------------------|--------------|---------------|------------------|--------------------|----|
| Data Collection | Fieldprint Locat | ion | | | | | |
| Personal Information Demographics | Schedule Appointm | enter Etc, 6595 Ros | vell Road, A | bernathy Squa | are; Suite G, At | lanta GA 30328- | |
| Authorization | M TU W TH F 10:00 AM - 1 | 04:00 PM | | | | | |
| ✓ Biometric Disclosure | ★ — Required Fields | | | | | | |
| ✓ GA Privacy Statements | Available Date* | April | ~ | 14 | ~ | 2023 | |
| | Part of day* | Evening (after | 5 PM) | | ~ | 5:00 PM | |
| Schedule Appointment | | | | | | Time 5:00 PM | |
| | | | | | | 5:10 PM 5:20 PM | |
| | | | | | | 5:30 PM 5:40 PM | |
| | | | | | | 5:50 PM 6:00 PM | |
| | | | | | | 6:10 PM 6:20 PM | |
| | | | | | | Contir | |
| | | | | | | Contur | ae |

Payment

If you are required to pay for the fingerprint appointment, you will select your method of payment – either PayPal or debit / credit card. Cards accepted include MasterCard, Visa, American Express, and Discover.

| | | S English & Contact Us |
|--|-----------------------------|--|
| | Payment | |
| Personal Information | Date and Time: Location: | March 23, 2023 11:20 AM Fieldprint Site - The UPS Store #2236 4780 Ashford Dunwoody Road, Ashford Place Shopping Center, Dunwoody GA |
| Demographics | | 30338- |
| | Fee Туре | Fee |
| ✓ Biometric Disclosure | Background Check Fee | \$ 51.50 |
| GA Privacy Statements | Your Total to Pay: | \$ 51.50 |
| Send Request to Review | Payment Method | PayPat |
| Schedule Appointment | | Debit or Credit Card |
| Payment | | Powersd by PayPal |
| | | |
| | Back | Finish Scheduling |



If the agency is paying, you will click the **Finish Scheduling** button without seeing the Payment page.

| ⊗field print [™] | | 🛇 English 🕓 Contact Us 🎝 |
|---|-----------------------------|---|
| Data Collection | Schedule Appo | intment |
| Personal InformationDemographics | Date and Time: Location: | April 14, 2023 5:00 PM Š Fieldprint Site - Mail Center Etc 6595 Roswell Road, Abernathy Square; Suite G, Atlanta GA 30328- |
| Authorization | | |
| Biometric Disclosure GA Privacy Statements | | |
| Schedule Appointment Confirmation | Back | Finish Scheduling |

Request Printcard Packet (If Applicable)

If a Livescan location is unavailable within the contracted range, the system will offer you the ability to request an ink card packet. This will also be the method used if you are located out of state. Clicking **Request Printcard Packet** will trigger a request to Fieldprint for a packet containing two barcoded fingerprint cards, instructions, and a return envelope to be mailed to your address.

Completed packets should be returned to:

Fieldprint, Inc. PO Box 407 Marlton, NJ 08053

| 4. Prescott Valley Police Department * 7601 East Civic Circle, , Prescott Valley AZ | Request Printcard Packet |
|--|--------------------------|
| 86314- | |
| TU TH 08:00 AM - 10:00 AM | |
| 1 5\$ - Site Fee | |
| ∱ 0.51 mi | |



Confirmation

After scheduling your appointment, you will receive a confirmation screen. The confirmation page will show your appointment number, location, date and time. There is important information noted on the confirmation page, displaying identification required for the appointment. **Be sure to bring the appropriate identification to your appointment**.

| | Confirmation Details: John Smith (Appointment #6202484) |
|-------------------------|---|
| | Print Confirmation Set Directions Download Printable Documents |
| Personal Information | Date and Time: Thursday, March 23, 2023 11:20 AM |
| 🥜 Demographics | Location: Bieldprint Site - The UPS Store #2236 |
| | 4780 Ashford Durwoody Road, Ashford Place Shopping Center, Durwoody GA |
| | 30338- |
| J Biometric Dadesure | |
| J GA Privacy Statements | QR Code Notice |
| OA Privacy statements | QR Code Notice Freidprint uses a camera to scan the QR code and locate your unique appointment Information. The camera does not save data or records. |
| | |
| | |
| | Map Satellite CYCLERAQ |
| | Map Sateline Crockway |
| | |
| Confirmation | Ather Pauy |
| | |
| | |
| | Goole Resistence we have a set of the set of |
| | please contact Pieldprint® at Pieldprint 844-886-0165. |
| | () Coronavirus Notice |
| | Please reschedule your appointment if you are experiencing any of the following symptoms: |
| | Fever or chills |
| | Cough |
| | Shortness of breath or difficulty breathing |
| | Fatigue or body aches |
| | Headache |
| | New loss of taste or smell |
| | Sore throat |
| | Congestion or runny nose |
| | Diarrhea, nausea or vomiting |
| | This list does not include all possible COVID-19 symptoms. The CDC continues to update this list here, |
| | In light of COVID-19, you may be asked to wear a protective face mask to complete your Fieldprint appointment for the protection of yourself as well as others. Please note that while mask ordinances vary |
| | by state, businesses retain the right to enforce making policies at their own discretion. Please be prepared to wear a face mask, should this be a requirement to complete your appointment. |
| | to wear a face mask, should this be a requirement to complete your appointment. |
| | to wear a face mask, should this be a requirement to complete your appointment. |
| | to wear a face mask, should this be a requirement to complete your appointment. Payment Payment Date Transaction ID Amount Fee Type |
| | to war a face mail, should this be a requirement to complete your appointment. Payment Payment Date Transaction ID Amount Fee Type March 22, 2023 5:57 PM 38501923P9216521X \$ \$1:30 What to Bring to Your Appointment? |
| | to war a face mail, should this be a requirement to complete your appointment. Payment Payment Date Transaction ID Amount Fee Type March 22, 2023 5:57 PM 385019229P2165211 \$ \$150 |
| | to wear a face mask, should this be a requirement to complete your appointment. Payment March 22, 2023 557 PM BISO1923PP216521X S153 What to Bring to Your Appointment? Nette Original Documents are required. Photocopies will not be accepted. Please provide your appointment on the time of your appointment. You may print Please provide your appointment on the technicase at the time of your appointment. You may print |
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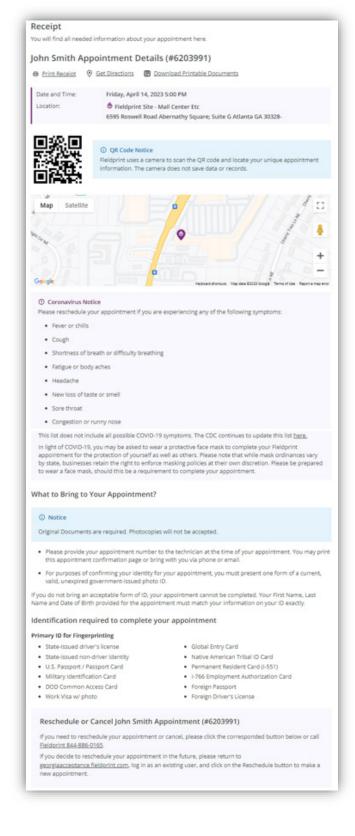
Appointment Management

Logging back in as a returning user will allow you to manage your appointment or create another. Click **Reschedule** to change the appointment location, date, or time. Clicking **Schedule Another Appointment** will take you to complete a new registration.

| Previous Appointments This section displays your previously scheduled appointments. Scroll to the bottom of this page to schedule a new appointment. | | | |
|--|--|-------------|--|
| | orgetest Appointment | Scheduled 🕓 | |
| Date and Time: | May 1, 2023 9:00 AM | | |
| Location: | 🖄 Fieldprint Site - Marietta, GA 2 (Foxx Laboratories) | | |
| | 2625 Sandy Plains Road Suite 101 Marietta, GA 30066- | | |
| | Print Receipt View Map Cancel | Reschedule | |



You will also have the ability to **Print Receipt** which contains appointment information, what to bring, and contact information to reschedule.



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International Applicants

If you are an **international applicant**, you will not be able to use the Fieldprint Scheduling Website. Instead, you will use the following International Applicants process explained below:

- 1. The Georgia agency will provide you with the Originating Agency Identifier (ORI) and Reason for Fingerprinting (RFP) and then direct you to call Fieldprint at **844-886-0165**.
- 2. A Fieldprint representative will send you an email with the Georgia Privacy Statements waiver.
- 3. Once you return the waiver, the Fieldprint representative will create order in Hank (Fieldprint's fingerprint processing system).
- 4. While you are on the phone, Fieldprint will create an order based on the ORI/RFP provided and capture your Personal and Demographic information.
- 5. You will provide Fieldprint with payment.
- 6. Fieldprint will mail you a Printcard packet. The packet will contain two barcoded fingerprint cards, instructions and a return envelope. This packet will be mailed to the address you provide.
- 7. You will need to be fingerprinted on the cards and mail them back to Fieldprint.
- 8. Fieldprint will then scans the print cards into system and electronically submits them to GBI-AFIS.