1. Visit https://fl.ibtfingerprint.com

2. Select Schedule a New Appointment

Fingerprinting & Enrollment Services

For Licensing, Certification or Employment requirements in Florida



3. Choose DFS – Dept. of Financial Services from the drop-down menu.

Please choose your agency or program from the list below.







4. Choose Fire – Standards and Training from drop-down menu.

adency name		
	anial Convince	
ori number		





5. Check the statement and click go.



6. Search by zip code. Use a zip code close to your home or work.



Enter a zip code to determine the closest fingerprinting location.







- 7. You will see a list of locations near the zip code you chose. It displays the current week you are in. The top right-hand corner will go to the next week. The bottom left-hand corner will show more locations.
 - a. Select a date to have your finger prints taken.

7- 0- 1- 000 10								Next Week >
Zip Code:32246 ⊃ Change		Wednesday 6/21/2017	Thursday 6/22/2017	Friday 6/23/2017	Saturday 6/24/2017	Sunday 6/25/2017	Monday 6/26/2017	Tuesday 6/27/2017
Jacksonville-Arlington Expressway Photo Enabled-The UPS Store 3676 9378 Arlington Expressway Jacksonville, FL 32225	✓ Directions	Closed	Schedule	Schedule	Closed	Closed	Schedule	Schedule
Jacksonville - Baymeadows Rd Photo Enabled - The UPS Store 3879 3832 Baymeadows Rd Ste 10 Jacksonville, FL 32217	✓ Directions	Schedule Full	Schedule	Schedule	Schedule	Closed	Schedule	Schedule
Jacksonville- Yellow Bluff Rd Photo Enabled- Morphotrust USA 12400 Yellow Bluff Rd Ste 202 Jacksonville, FL 32226	✓ Directions	Schedule Full	Schedule	Schedule	Closed	Closed	Schedule	Schedule
Jacksonville-Normandy Blvd- Acumen Photo Enabled-Acumen CNA Training-W 5820 Normandy Blvd Jacksonville, FL 32205		Schedule Full	Schedule Full	Closed	Closed	Closed	Schedule	Schedule
Jacksonville - Beach Blvd Photo Enabled- The UPS Store 1732 14286 Beach Blvd Ste 19 Jacksonville, FL 32224	✓ Directions	Schedule Full	Schedule	Schedule	Schedule	Closed	Schedule	Schedule

8. Next, select the time you wish to go.

rections		11:00 1:00 p 2:00 p	am om om		Closed	
rections					Closed	Schedule
rections	Cancel			Continue	Closed	
e Plaza						





9. Fill out the form will all required information as denoted by red asterisks.

APPLICANT ALIAS OR MAIDEN NAME

prefix first name + Add Alias (up to 5) APPLICANT HOME ADDRES	middle name	last name	suffix
number * direction country * United States METHODS OF CONTACT	city *	unit desigr	zip code *
phone 1 * phor #### ################################	e 1 type * phone 2	m email *	✓
please check if you have no preferred contact method pr	eferred contact time contact n	otes/instructions	

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

APPLICANT DEMOGRAPHIC DATA

date of birth * gende mm/dd/yyyy	r * height *	weight * race * Ibs.	
hair color * eye color *	place of birth *	citizen country * United States	social security number *
driver's license/state id number	license/id state		

Pursuant to the Privacy Act of 1974, 5 U.S.C. § 552a, the State is responsible for informing you whether disclosure of your social security number is mandatory or voluntary, by what statutory or other authority your social security number is solicited, and what uses will the collection is specifically authorized by law or if it is imperative for the performance of the agency's duties and responsibilities as prescribed by law.

Disclosure of your social security number on this form is mandatory pursuant to the Welfare Reform Act, 42 U.S.C. § 808, and §§ 828.171(2)(a) and (7), 828.231(2)(a), 828.541(1), and 828.9653(3)(a) and (7), F.S.

The purposes for the requested information are to verify the identity of an applicant for licensure, to conduct oriminal and disciplinary history background checks, and to determine if the applicant lacks the fitness or trustworthiness to engage in the business of insur Article I of the Florida Constitution and will not be used for any purpose other than the purposes provided herein, or as otherwise authorized under § 119.071(5)(a), F.S.

A copy of this Privacy Statement is provided to you as required by § 119.071(5)(a)3., F.S.





10. This is section is not required to be filled out.

APPLICANT EMPLOYER INFORMATION

employer name				employer phone		
number direction	street name		ap	t/unit #		
country United States	e ~	mployer city	emplo	yer state 🗸	employer zip	

11. Verify your information.

APPLICATION DETAILS	
agency name DFS - Dept. of Financial Service	es

ori number

FL920780Z - FIRE - STANDARDS AND TRAINING

fingerprint reason

FDFS APPLICANT FIRE STANDARDS AND TRAINING

APPOINTMENT DETAILS CHANGE

location

Jacksonville-Arlington Expressway Photo Enabled-The UPS Store 3676 9378 Arlington Expressway Jacksonville, FL 32225 United States

appointment date/time

Thursday, June 22, 2017 at 11:00am



APPLICANT DETAILS CHANGE
name Bill Firefighter
home address 2700 Firefighter Memorial Dr Jacksonville, FL 32246 United States
phone 1 904-997-4919 (Work)
email infofas@fscj.edu
date of birth 07/12/1993
gender Male
height 05 ft. 11 in.
weight 220 lbs.
race White
hair color Blonde
eye color Brown
place of birth New York
citizen country United States





12. Select method of payment.

Your fingerprinting fee is \$45.80. Any applicable taxes are not included. Please choose a payment method below.







13. Select the option to save as PDF or print your appointment information.



Continue to US Bank E-Pay -->

14. Follow instructions on the screen to complete payment. Arrive on time to your appointment, or you will have to reschedule.



15. You will receive a receipt once your fingerprints are scanned. It will contain your name, a TCN.



16. DO NOT LOSE THE RECIEPT. IT MUST BE TURNED INTO THE FIRE ACADEMY TO BE INCLUDED IN YOUR APPLICATION PACKAGE TO THE STATE FIRE MARSHAL.

