Northern Colorado Fingerprinting Applicant Registration Instructions

The following are step by step instructions to successfully register for fingerprinting. Please carefully read and follow the registration instructions carefully.

IMPORTANT - Make sure all of your information is correct, once your fingerprints are submitted you cannot change any information.

- Website Please visit <u>https://abiadmin.complio.com/</u> to begin (smartphone and tablet friendly)
- Create Account Click the "Create an Account" button to begin the registration process.

_	Sign in
<u>c</u>	an't access your account?
-	New to Complio?
	Create an account

 Enter Information - Carefully enter all of your information. Fields with asterisks (*) are required. Please note for your username you can choose anything that is available including your email address.

		1200 2000		and the second se			
First Name:*		Middle	Name:* If you don't have	e a midd Last Na	ame:*		Enter Suffix if Applicabl
		_	I don't have a Middle I	Name.	-		
Do you have an SSN?:*	OYes ○No		Social Security Number:*				
I have an Alias or Maider	n name						
Gender:*	Select	-	Date of Birth:*	mm/dd/yyyy		Preferred Communication	English (Inglés)
ontact Information						Language:	
Primary Email:*			Confirm Primary Email:*)	
Secondary Email:		100	Confirm Secondary Email:			d	
Address:*							
Country:*	Select	-	State:*	-Select	-	City:*	
Zip Code:*							
Primary Phone:*	(Secondary Phone:	(
ccount Information					_		
Username:*			Check				
Password:*		1	Confirm Password:*	1			

4. Start Ordering Process - After successfully creating an account click the "Get Started" button to start the ordering process.



5. Event Code - For location select "I have an event code", enter your event code which is XXX XX XXXXX XX XX and click "Proceed".

OColorado Fingerprinting Site	OI have an event code	Out of State
Enter Event Details		
Enter Event Code:	Proceed	

6. Appointment - Select one of the available appointment slots and click "Next" to proceed.

01:00 PM - 01:15 PM	01:15 PM - 01:30 PM	01:30 PM - 01:45 PM	01:45 PM - 02:00 PM	Available
02:00 PM - 02:15 PM	02:15 PM - 02:30 PM	02:30 PM - 02:45 PM	02:45 PM - 03:00 PM	Not Availab
03:00 PM - 03:15 PM	03:15 PM - 03:30 PM	03:30 PM - 03:45 PM	03:45 PM - 04:00 PM	
04:00 PM - 04:15 PM	04:15 PM - 04:30 PM	04:30 PM - 04:45 PM	04:45 PM - 05:00 PM	
05:00 PM - 05:15 PM	05:15 PM - 05:30 PM	05:30 PM - 05:45 PM	05:45 PM - 06:00 PM	

 CBI Unique ID - Enter the CBI Unique ID for your institution and click "Next". The CBI Unique ID for your institution is XXXXXX.

Order Selections					
Ocolorado Fingerprintir	ng Package (CBI Fin	gerprint Process)			
CBI Unique ID :*					
If you do not have a Unio	que ID, please cont	tact your Licensin	g Agency or Emplo	oyer. Incorrect ID may b	e declined by your
				🗇 Previous	Next

8. Billing Code - Enter the billing code for your institution and click "Next". The billing code for your institution is XXXXXXXX.

CBI Unique ID :		
If you do not have a Unique ID, please cont	ict your Licensing Agency or Employ	er. Incorrect ID may be declined by you
Billing Code:		
If you have a Billing Code please enter here		
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9. Verify Personal Information - Verify the personal information entered from the account creation to ensure it is correct. Make any changes as needed and click "Next".

First Name:*	David	Middle Na	ime:* K		Last Name:*	Tester	Enter Suffix if Apj
			I don't have a Middle N	lame.			
Do you have an S	SSN?:* OYes ONo		Social Security Number:*	111-55-7777			
🗌 I have an Alia	s or Maiden name						
Gender:*	Female	•	Date of Birth:*	07/04/1976		Preferred Communication Language:	English (Inglés)
Phone:*	(720)-292-2722	Ö	Secondary Phone:		0		
Email:	hmdaverf99@gmail.c	com	Secondary Email:			Confirm Secondary Email:	
'ou can edit your en	nail address by clicking Edit Profile on y	vour dashboard.					
Address:*	110 16th St						
Country:*	UNITED STATES		State:*	COLORADO	•	City:*	Denver
Zip Code:*	80202						
ext Message No	otifications						
	ification: OYes No		Cellular Phone Number:*	(720)-292-272	2		
Receive Text Not							

10. Fingerprinting Information - Add the information needed for fingerprinting. Fields with asterisks (*) are required. Double check your information and click "Next" to proceed.

<hr/>							
Place Of Birth (Country)*	Select	-	Place Of Birth (State)*	Select	-	Citizenship*	Select
Race*	Select	-	Eye Color*	Select	-	Hair Color*	Select
Height Feet*	Select	-	Height Inches*	Select	-	Weight*	
ervice Details Please make sure to	confirm your institution o	or de	partment about your	r Unique ID.			
ervice Details Please make sure to Reason Fingerprinted	confirm your institution o	or de	partment about your	r Unique ID. 0151VCPI	V	Daycare License #	
ervice Details Please make sure to Reason Fingerprinted AcctNam (Literal)	VENDOR CERTIFICATION F	or de ™ ▼ B ▼	partment about your CBI Unique ID AcctAdr	• Unique ID. 0151VCPI 110 16TH ST 8TH FLOOR	V	Daycare License # AcctCty	DENVER
ervice Details Please make sure to Reason Fingerprinted AcctNam (Literal) ACCTSTA	VENDOR CERTIFICATION F AMERICAN BIOIDENTITY D CO	or de ₽F ♥ B ♥ ♥	CBI Unique ID AcctAdr AcctZip	r Unique ID. 0151VCPI 110 16TH ST 8TH FLOOR 80202	*	Daycare License # AcctCty Reason Fingerprinted Colorado Revised Statute	DENVER VENDOR CERTIFICATION I

11. Double Check and Agreement - Double check all of your information to ensure it is correct. Click the checkbox to agree with the privacy statement and click "Next".

Name:	CSHA	Appointment Time:	03/20/2019 (01:15 PM - 01:30 PM)
Description:	Massage Therapy		
rivacy Act State	ment		
Authority: The FBI's ad authorities include Feo however, failure to do	cquisition, preservation, and exchange deral statutes, State statutes pursuant so may affect completion or approval	e of fingerprints and associated inforr to Pub. L. 92-544, Presidential Exec of your application.	nation is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemen utive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary;
Principal Purpose: Cei information/biometrics Generation Identificati agency. The FBI may other fingerprints subn	tain determinations, such as employn may be provided to the employing, in on (NGI) system or its successor syst retain your fingerprints and associated nitted to or retained by NGI.	nent, licensing, and security clearand vestigating, or otherwise responsible ems (including civil, criminal, and late I information/biometrics in NGI after	es, may be predicated on fingerprint-based background checks. Your fingerprints and associated agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next ant fingerprint repositories) or other available records of the employing, investigating, or otherwise responsit the completion of this application and, while retained, your fingerprints may continue to be compared agains
Routine Uses: During your consent, and may Routine Uses for the N responsible for employ responsible for national	the processing of this application and y be disclosed without your consent a IGI system and the FBI's Blanket Rou yment, contracting, licensing, security al security or public safety.	for as long thereafter as your fingerp s permitted by the Privacy Act of 197 tine Uses. Routine uses include, but clearances, and other suitability dete	rints and associated information/biometrics are retained in NGI, your information may be disclosed pursuan 4 and all applicable Routine Uses as may be published at any time in the Federal Register, including the are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies arminations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies
A valid State ID Card (outlying possession of U.S. passport, foreign	(or outlying possession of the US with the U.S., Commercial Driver's license passport, passport book/card, valid U	seal or logo from State Agency, Fed issued by a State or outlying posse .S. military identification card, perma	eral ID Card with seal or logo from Federal Agency, Commercial Driver's license permit issued by State or ssion of the U.S., paper/temporary Driver's License issued by State or outlying possession of the U.S., valid ment resident card/green card (I-551), enhanced tribal card (ETC).
		I have read the	Privacy Act Statement and accept it
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12. Last Chance to Change Information - You will receive a warning that this is your last chance to double check your information. After double checking your information click "OK" to proceed.



13. Summary and Submit - You will receive a summary for your order, click "Next" to submit your order.



14. Order ID - You will receive your order ID on the screen plus it will be emailed to you and texted to you if you opted in to receive text notifications. Provide the order ID along with a valid Govt. issued photo ID to the fingerprint tech when you have your fingerprints taken.

C	Order Summary
	Order Selection Details
	Order Number: 21 +0-200-1000-100-100
	net annee fras

Onsite Event - Please bring the following when you go to the location to have your fingerprints taken.

- **Order ID** Please make sure to bring in the order ID from the fingerprint registration.
- **Govt. Issued Photo ID** Please make sure to bring a valid photo ID which can be one of the following:
 - <u>Valid Driver's License</u> Issued by Colorado or another State.
 - Valid Identification Card Issued by Colorado or another State.
 - <u>Federal ID Card</u> With seal or logo from Federal Agency.
 - Valid Commercial Drivers License Issued by Colorado or another State.
 - Valid U.S. Passport
 - Valid Foreign Passport
 - Valid Passport Book/Card
 - Valid U.S. Military Identification Card
 - Permanent Resident Card/Green Card
 - Enhanced Tribal Card