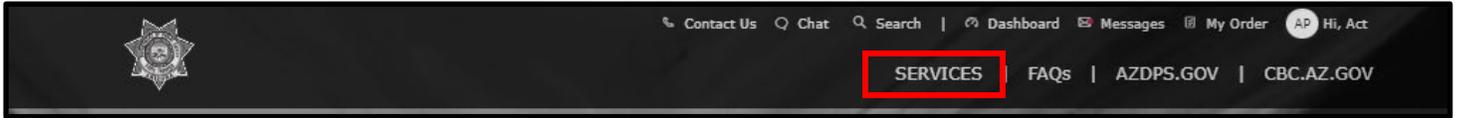
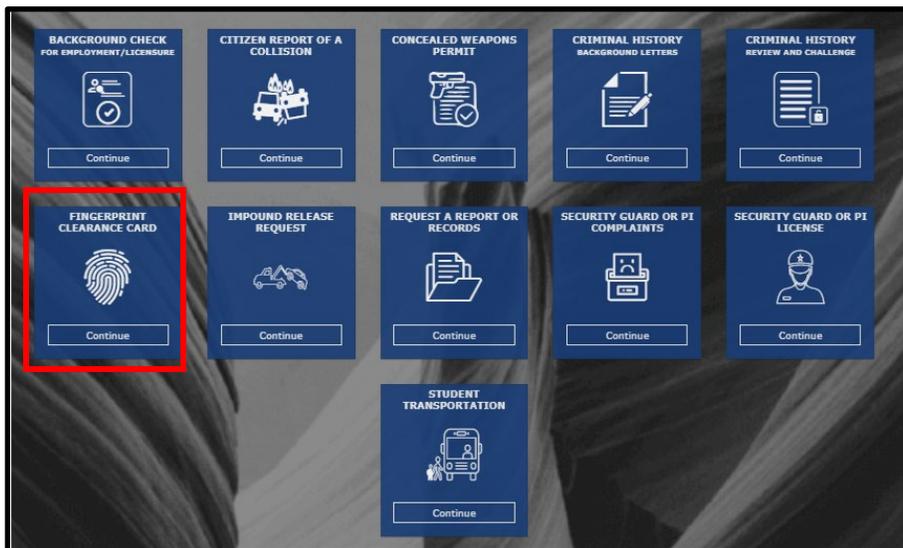


# How do I apply for a new fingerprint clearance card?

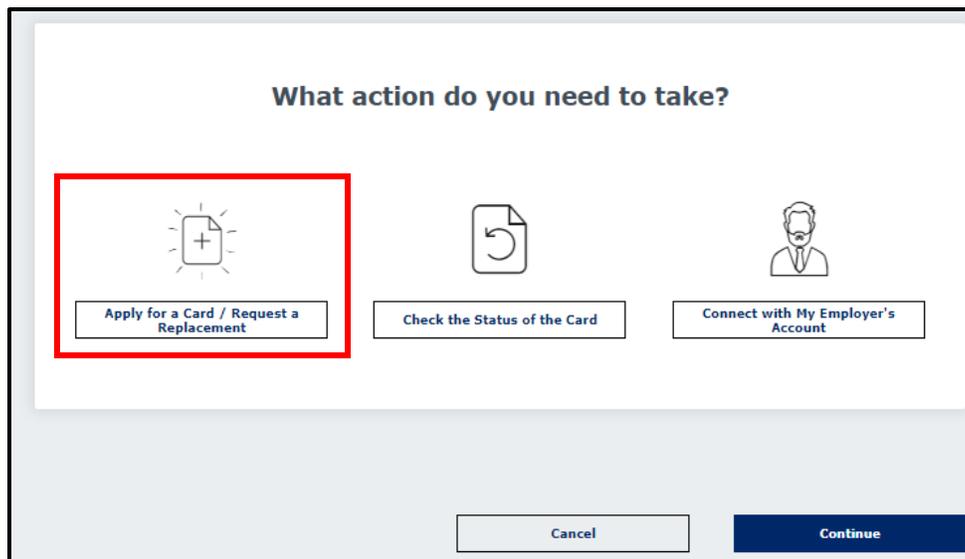
1. Log in to your individual PSP account and select **SERVICES** from the top right



2. Select the **Fingerprint Clearance Card** tile



3. Select **Apply for a Card/Request a Replacement**



4. Select **Apply for a New Clearance Card**

**What do you need to do?**

  
**Apply For A New Clearance Card**

  
**Non-IVP Renewal**

  
**IVP Renewal**

  
**Replace An Existing Clearance Card**

If you have never received an IVP Clearance Card, or if the Clearance Card you possess does not have an IVP number on it, you are not eligible for the IVP Renewal process. You must re-apply with a new application.

If your contact information has changed, please edit your [profile information](#) before completing this application.

5. Pick the card type you need to apply for (*If you don't know, contact your employer, DPS does not know what card type you need*)

**Do you require an IVP Clearance Card?**

- State Board of Education (Teacher or Other Certification) ARS § 15-534
  - Tutor or Teacher Preparation Programs ARS § 15-534
  - Charter School Instructor ARS § 15-183
  - School Bus Driver ARS § 28-3228
- Public and/or Charter School Non-Certified Personnel ARS § 15-512
  - Public and/or Charter School Contractor, Subcontractor or Vendor and their Employees ARS § 15-512.

  
**IVP**

  
**Non-IVP**

If the listed statutes do not apply to you, you do not require an IVP card. If this information is unknown, please contact the agency requiring you to apply.

## 6. Read and acknowledge the **Privacy Act Statement**, then **Continue**

### Privacy Act Statement

**Authority:** The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, state statutes pursuant to pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

**Principal Purpose:** Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

**Routine Uses:** During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosure to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determination; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

**Applicant Notification and Record Challenge**

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below. All notices must be provided to you in writing. These obligations are pursuant to the Privacy Act of 1974, Title 5, United States Code (U.S.C.) Section 552a, and Title 28 Code of Federal Regulations (CFR), 50.13, among other authorities.

- You must be provided an adequate written FBI Privacy Act Statement (dated 2013 or later) when you submit your fingerprints and associated personal information. This Privacy Act Statement must explain the authority for collecting your fingerprints and associated information and whether your fingerprints and associated information will be searched, shared, or retained.
- You must be advised in writing of the procedures for obtaining a change, correction, or update of your FBI criminal history record as set forth at 28 CFR 16.34.
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the FBI criminal history record.
- If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <https://www.fbi.gov/services/cjis/identity-history-summary-checks> and <https://www.eds.cjis.gov/>
- If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI by submitting a request via <https://www.eds.cjis.gov/>. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/ corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)
- You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.

To obtain a copy of your Arizona criminal history record to review, update or correct, you can contact Arizona Department of Corrections Criminal History Records Unit at (602) 233-2232 or go to <https://www.azdps.gov> and choose "Criminal History Review and Challenge" from the Services Menu to file your Review and Challenge on-line.

By signing the background check for employment/license application, you are acknowledging you have read this "Privacy Act Statement".

7. Select your statute(s) (If you do not know, contact your employer. DPS cannot tell you which to select)  
\*Pictured are just the first two categories of options, scroll when applying for the full list

**Reason(s) for Applying** ❤️

Check all the box(es) to indicate your reason(s) for applying\*

**Department of Child Safety (DCS)**

- DCS - Adoption ARS § 8-105
- DCS - Foster Home Licensure ARS § 8-509
- DCS - Field Employee ARS § 8-802
- DCS - Employee or IT Employee or IT Employees of Contractors of Subcontractors ARS § 8-463
- DCS - Child Welfare/Adoption Agency Employee ARS § 46-141

**Department of Economic Security (DES)**

- DES - Certified Child Care Provider and Non-Certified Relative Provider ARS § 41-1964 and ARS § 46-141
- DES - CCR and R Registered Home ARS § 41-1967.1
- DES - DAAS Division of Aging and Adult Services ARS § 46-141
- DES - DDD/HCBS - Home and Community Based Services ARS § 36-594.01
- DES - DDD - Developmental Home Licensure ARS § 36-594.02
- DES - Employee ARS § 41-1968
- DES - IT Position ARS § 41-1969
- DES - JOBS Program ARS § 46-141
- DES - WIOA - Workforce Innovation and Opportunity Act ARS § 46-141
- DES - Domestic Violence/Homeless Shelter ARS § 36-3008 and ARS § 46-141

8. If the Employee or Volunteer option is shown, select the correct button. Press **Continue**

Is the person an employee or volunteer? \*

Employee  Volunteer

Cancel Save **Continue**

## 9. Fill out your personal information

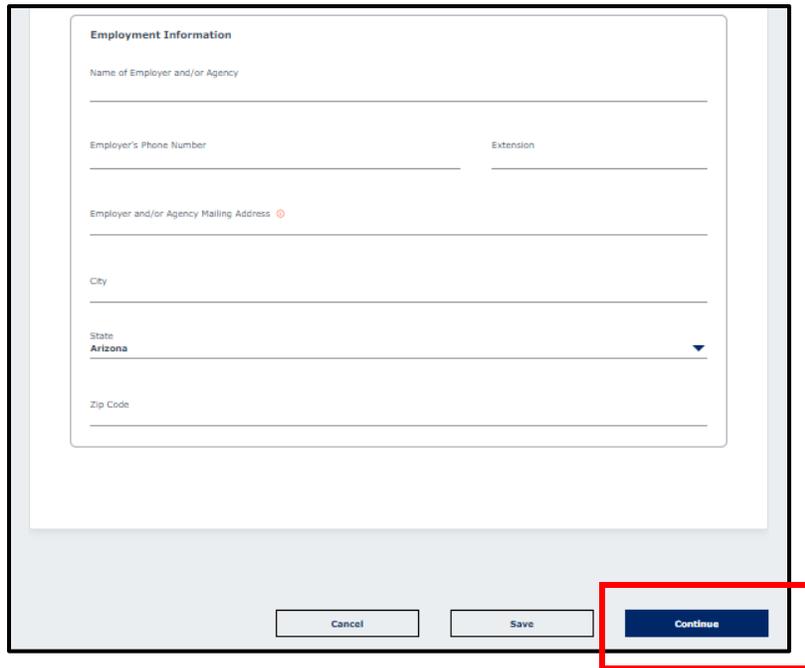
### Notes:

- Your name will already be filled out to match what you used when creating your profile. These fields cannot be changed here. If they are incorrect or have changed since creating your account, you will need to submit a name change request.
- DPS does not require you to input your SSN, however, some employers (Department of Education especially) will use your SSN to connect your clearance card to the platform they use to verify cards. If you do not input your SSN, your employer may have difficulty verifying your card.

The image shows a screenshot of a web form titled "Applicant Information". The form contains several fields for personal data. A red rectangular box highlights the "First Name", "Middle Initial", "Last Name", and "Social Security Number" fields. The "Social Security Number" field is currently masked with asterisks. Below the highlighted fields, there is a checkbox for "I authorize to provide I-9 data to my employer". Other fields include "Race" (Caucasian), "Sex" (Female), "Height (ft)" (5) and "Height (in)" (04), "Weight" (123), "Eye Color" (Brown), "Hair Color" (Black), "Place of Birth" (USA), and "State" (Arizona). A heart icon is visible in the top right corner of the form area.

Field	Value
First Name *	Ali
Middle Initial	
Last Name *	Portalett
Social Security Number *	*****
Race *	Caucasian
Sex *	Female
Height (ft) *	5
Height (in) *	04
Weight *	123
Eye Color *	Brown
Hair Color *	Black
Place of Birth *	USA
Country *	USA
State *	Arizona

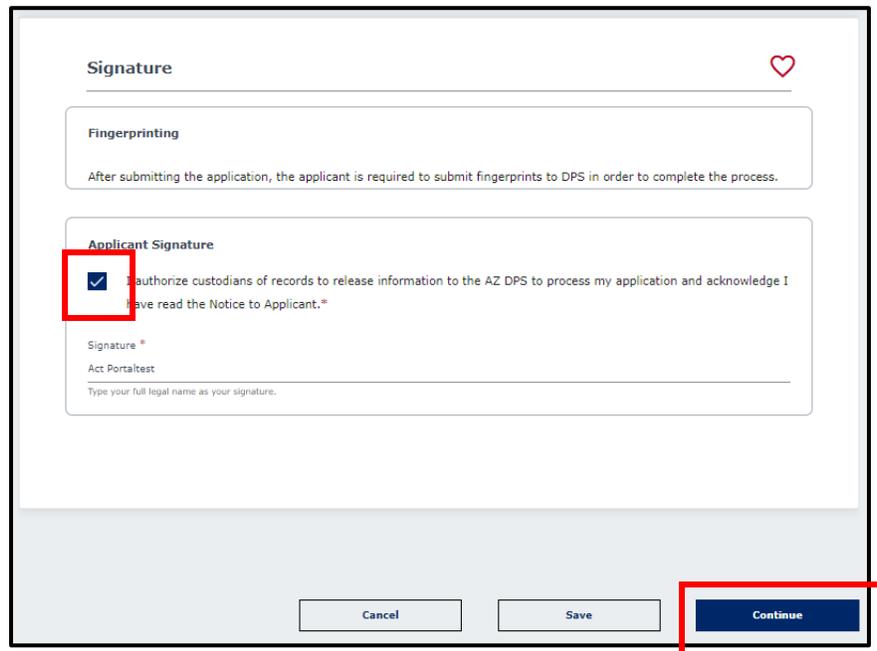
10. Employer information is optional. Enter it here if you choose to do so. Press **Continue**.



The image shows a form titled "Employment Information" with the following fields: "Name of Employer and/or Agency", "Employer's Phone Number" and "Extension", "Employer and/or Agency Mailing Address", "City", "State" (with "Arizona" selected in a dropdown), and "Zip Code". At the bottom, there are three buttons: "Cancel", "Save", and "Continue". The "Continue" button is highlighted with a red rectangular box.

11. Read the statement about fingerprinting, check the acknowledgement box, and sign your name. Press **Continue**.

\* If a warning says your name doesn't match: Only use first and last name/make sure there are no extra spaces before, between, or after names



The image shows a form titled "Signature" with a heart icon in the top right. It contains a "Fingerprinting" section with the text: "After submitting the application, the applicant is required to submit fingerprints to DPS in order to complete the process." Below this is an "Applicant Signature" section with a checked checkbox and the text: "I authorize custodians of records to release information to the AZ DPS to process my application and acknowledge I have read the Notice to Applicant.\*". There is a "Signature" field with the placeholder text "Act Portaltest" and "Type your full legal name as your signature." At the bottom, there are three buttons: "Cancel", "Save", and "Continue". The "Continue" button is highlighted with a red rectangular box.

12. Next you will review the entirety of your application. Please ensure that everything is correct in order to avoid delay in processing. Once you have confirmed that it is accurate, press **Continue to My Order**.

13. Select your payment method. You can select **Submit and Pay by Agency Code** if your agency provided you with one, select **Request Employer Pay** to send the application to your employer's account to complete payment (*they must provide you with their PSP Employer Account email for this option*), or you can press **Submit and Pay by Credit Card** to pay yourself.

**My Order**  
Once your request is completed you will receive an invoice with the fees for any pending items.  
Per Arizona Revised Statutes all fees are nonrefundable.

**Fingerprint Clearance Cards**

Item ↓	Fee ↑	
Fingerprint Clearance Card Application (non-IVP)	\$67.00	
Credit Card Fee	\$1.34	<a href="#">Save for Later</a> <a href="#">Delete</a>
<b>Total</b>	<b>\$68.34</b>	

[Submit & Pay by Agency Code](#) [Submit & Pay by Credit Card](#) [Request Employer Pay](#)

14. Prior to paying, you must acknowledge BOTH statements. **Continue to Pay**.

**Order Acknowledgement**

I understand that after I pay, I will need to log back into the Public Services Portal and go to my Message Center for further instructions and important information regarding my submission.

I understand that per Arizona Revised Statutes, all fees are nonrefundable.

[Cancel](#) [Continue to Pay](#)

15. You will be navigated to the payment page, which will log you out of the PSP. If you have trouble paying and are using Google Chrome, try using a different browser.

The screenshot shows the 'PAYMENT INFORMATION' page of the State of Arizona Checkout Utility. The page header includes the state seal and the text 'State of Arizona Checkout Utility' and 'State of Arizona'. The main content area is titled 'PAYMENT INFORMATION' and contains a form with the following fields and options:

- First Name** and **Last Name** (text input fields)
- Billing Address** and **Billing Address 2** (text input fields)
- City** (text input field), **State** (dropdown menu), and **Zip** (text input field)
- Email** (text input field) and **Phone Number** (text input field)
- Payment Method** section with radio buttons for **Credit Card** (selected) and **Electronic Check**.
- Logos for **Discover**, **MasterCard**, and **VISA**.
- Credit Card Number** (text input field with a mask icon)
- Expiration Month** (dropdown menu), **Expiration Year** (dropdown menu), and **CVV/CSV** (text input field with an information icon)

A red notice at the top of the form states: "NOTICE: Before submitting your payment information, please ensure that your address on file with your bank or credit company is up to date with the address you are entering here. If your address does not match, your payment might be rejected." A red note below the logos states: "Credit Cards issued by a foreign bank or entity are not an acceptable form of payment due to the system's inability to confirm security measures. As an alternative, please use a secured or prepaid Credit Card issued by a US entity or bank." At the bottom of the form are buttons for "Back" and "Continue".

16. If you need to get back into your account, return to the PSP and log back in.

