



- **Department of Early Learning/L-1**
 - Fingerprint Registration - Quick Reference Guide



ENROLLMENT SERVICES DIVISION

The following presentation shows the details of scheduling appointments and making payment on-line.

Both appointments and payment may be completed on the phone by calling the L-1 Customer Service Line.

888-771-5097 (Monday - Friday, 8 AM – 5 PM Pacific Time)

DEL Applicant Registration



- Or, browse direct to the Washington Registration page at <https://wa.ibtfingerprint.com/> and select one of the following:
 - Online Scheduling – Registration Portal
 - Locations – Roster of all fingerprint locations throughout the state
 - Forms & Links – FAQ, Escrow Packets, etc



Washington

L-1 Enrollment Services, a division of L-1 Identity Solutions (NYSE: ID), is the industry's preeminent enrollment services company, specializing in the operation of electronic fingerprint (live scan) networks and identity management services. L-1 currently services over 2 million applicants annually at over 1,000 enrollment centers in the U.S. and Canada. Our customers include federal, state and local government agencies as well as companies in a variety of industries. L-1 is also a certified FBI Channeling Agent.

L-1 is certified by the Washington State Patrol (WSP) to provide live scan fingerprinting services in Washington State. L-1 operates enrollment centers throughout the state and currently provides services to the Department of Social and Health Services.

Please choose from the following links for Washington. The "Online Scheduling" section starts the appointment process. The "Locations" section provides a listing of locations in Washington for you to browse before starting the appointment process. The "Forms and Links" section provides access to forms relating to the fingerprint background check process and links for information on this process.



- [Online Scheduling](#)
- [Locations](#)
- [Forms and Links](#)

If you have any questions, please call L-1 Enrollment Services at

(888) 771-5097

[Return Home](#)

DEL Applicant Registration



- Select Registration Language

Washington Registration



English

The following pages will allow you to get registered for an appointment at a participating location. Please have your billing and personal information ready before you begin this process.

BEGIN REGISTRATION

Español

Las siguientes paginas le va permitir registrarse para una cita en cualquier de los sitios participantes. Por favor, tenga a la mano su datos personales y si tiene, su numero de cuenta antes de empezar este proceso.

EMPEZAR REGISTRO



If you have any questions, please call L-1 Enrollment Services at (888) 771-5097

DEL Applicant Registration



- Enter Applicant Name --Individual who needs fingerprints



- The following pages will ask you for information needed to schedule and process your background check
- If you have problems, feel free to use the **live help** icon at the bottom of each page to request help online.
- *Please Note: if it is after our business hours of 8am to 5pm, or live chat service is not available, the icon will not appear.*
- You may also call us at (888) 771-5097. Your unique support ID is listed at the bottom of each page and you may be asked for this ID when you call.

I have an existing appointment I would like to change

First Name:

Last Name:

A red arrow points from the right side of the form towards the 'Last Name' input field.

If you have any questions, please call L-1 Enrollment Services at (888) 771-5097

DEL Applicant Registration



- Select Department of Early Learning from the drop down menu

Washington Registration



Please choose your agency from the list below.

A screenshot of a web form with a yellow background. The label 'Agency/ Applicant Type' is positioned to the left of a dropdown menu. The dropdown menu is open, showing two options: 'Department of Early Learning (DEL)' and 'Department of Social and Health Services (DSHS)'. A red arrow points from the left towards the 'Department of Early Learning (DEL)' option.

Agency/ Applicant Type

- Department of Early Learning (DEL)
- Department of Social and Health Services (DSHS)

If you have any questions, please call L-1 Enrollment Services at (888) 771-5097

DEL Applicant Registration



- Enter DEL Office Account Number and OCA; Select whether the applicant is an Employee or a Volunteer
- Note: Mark "Employee" when the applicant is a household members of the employee
- The web service will validate the information and retrieve the applicant's name and date of birth (DOB) from the OCA database



[<-- Return to Start](#)

To continue you must provide valid information for the below items. You should have received a DEL Fingerprinting Appointment Form from the agency requesting a fingerprint check on you. Section 1 on the DEL Fingerprinting Appointment Form provides all the information required for this screen. Please enter the data exactly as it appears on your DEL Fingerprinting Appointment Form. If you did not receive a DEL Fingerprinting Appointment Form, please contact the requesting agency.

BCCU Account Number:	<input type="text"/>
BCCU Inquiry ID/OCA Number:	<input type="text"/>
BCCU Reasons for Fingerprint Check	<input type="text" value="v"/>
<input type="button" value="go"/>	



If you have any questions, please call L-1 Enrollment Services at (888) 771-5097

DEL Applicant Registration



- Enter DEL Office Account Number and OCA; Select whether the applicant is an Employee or a Volunteer

Note: Mark "Employee" when the applicant is a household members of the employee

Example below showing info correctly entered



<-- Return to Start

To continue you must provide valid information for the below items. You should have received a DEL Fingerprinting Appointment Form from the agency requesting a fingerprint check on you. Section 1 on the DEL Fingerprinting Appointment Form provides all the information required for this screen. Please enter the data exactly as it appears on your DEL Fingerprinting Appointment Form. If you did not receive a DEL Fingerprinting Appointment Form, please contact the requesting agency.

BCCU Account Number:	<input type="text" value="11003853"/>
BCCU Inquiry ID/OCA Number:	<input type="text" value="2554780"/>
BCCU Reasons for Fingerprint Check	<input type="text" value="Employee"/> <input type="text" value="Volunteer"/>
<input type="button" value="go"/>	

If you have any questions, please call L-1 Enrollment Services at (888) 771-5097

DEL Applicant Registration



- Site Selection

- Applicant can enter zip code to see nearest locations based on their home or work zip code or;
- Applicant can select from the drop down menu of regions, which will present a list of all sites in each general area (the map will display the general regions as reference)



Enter a zip code to determine the closest fingerprinting location.

or

Please choose the region you will be in for your identification appointment.

Click Here for a map of Washington



Enter zip code or select Region in Drop Down Menu



DEL Applicant Registration



- Once a zip code or region is selected, a list of fingerprint sites in that area shows. The next 7 days of site availability is displayed.
 - Sites that are Full (no available appointments) are noted;
 - Sites that are Closed (not open for processing) are noted;
 - Sites that are Open/Available for Registration can be accessed by selecting "Click to Schedule"
 - Additional directions are available here by clicking the Directions link



[<-- Return to Step 2 \(Application ID\)](#)

sc is a supercenter location offering additional services.

Showing locations in the
Central Cascade Region of WA
in alphabetical order

January 5 - January 11 [Next Week >>](#)

[\[Select Another Region or Zip Code\]](#)

Wednesday 1/5/2011 Thursday 1/6/2011 Friday 1/7/2011 Saturday 1/8/2011 Sunday 1/9/2011 Monday 1/10/2011 Tuesday 1/11/2011

OMAK HAVILLAH ROAD PRINTING & GRAPHICS 23 EAST APPLE AVENUE OMAK, WA 98841	Click to Schedule Directions	Closed	Click to Schedule	Closed	Closed	Click to Schedule	Closed
---	---	--------	-----------------------------------	--------	--------	-----------------------------------	--------

Link to Special Directions to Fingerprint Location

Session Availability (Closed or Available)

DEL Applicant Registration



- Enter Applicant Demographic Data

- Applicant Name & DOB will import from the OCA validation process – changes to the applicant name should not be made here otherwise the name on the fingerprint submission will not match the name on the background authorization form!

Items marked with an * are required.

I. CONTACT INFORMATION			
First Name*	Last Name*	Middle Name	Suffix
TEST	TEST		
Alias			
Street Number*	Street Address*	Apt. Number	
City*	State*	Zip Code*	Country*
	WASHINGTON		United States
Home Phone*	Cell Phone		
Email Address		<input checked="" type="checkbox"/> Yes, please email me educational materials, special offers and information about other L-1 products and services.	
II. PERSONAL INFORMATION			
Date of Birth (09/26/1972)*	Gender*	Height*	Weight*
01/01/1980		ft. in.	lbs.
Ethnicity*	Hair Color*	Eye Color*	
Place of Birth*	Social Security Number	Drivers License or State ID Number	Issuing State of Drivers License or State ID
			WASHINGTON
III. EMPLOYER INFORMATION			
Employer Name		Employer Phone	Extension
Street Number	Street Address		
Employer City	Employer Zip	Employer State	

DEL Applicant Registration



- Verify Applicant Registration Information
- Registration information must be Finalized to complete the registration (Click to Finalize Appointment)



YOUR APPOINTMENT IS NOT YET COMPLETE

Please review all of the following information.
If any of this information is incorrect, please click the change button within each section to make any needed changes to that section.

If All Information Appears Correct ---->

APPLICATION TYPE

Agency/ Applicant Type: Dept. of Early Learning
Applicant or Volunteer: Applicant

LOCATION

OMAK
HAVILLAH ROAD PRINTING & GRAPHICS
23 EAST APPLE AVENUE, OMAK WA

SCHEDULED DATE AND TIME

1/5/2011 at
08:15 AM

PERSONAL INFORMATION

Name: TEST TEST
Alias:
Street Address: any
any, WA 87454
US
Home Phone: 123-456-7890
Cell Phone:
Email Address: myemail@email.com
Date of Birth (09/26/1972): 01/01/1980
Gender: male
Height: 06 ft. 00 in.
Weight: 210 lbs.
Ethnicity: Caucasian or other Spanish culture
Hair Color: Brown
Eye Color: Brown
Place of Birth: WA
Citizen Country: US
Employer Name:
Employer Address:
Employer Phone:
Drivers License or State ID Number:
Issuing State of Drivers License or State ID: WA
Payment Method: US Bank E-Pay

If All Information Appears Correct ---->



DEL Applicant Registration



Confirmation Screen

- Appointment Time & Date; Appointment Location
- Clickable Link to Driving Directions
- Reminder to bring Valid photo Identification and Fingerprint Appointment Form (the reminder to bring the form is missing on screen shot below, but has been requested)

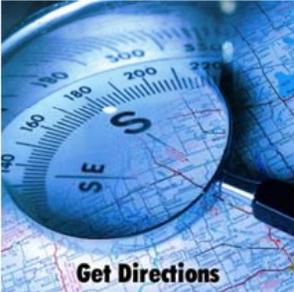
You are now leaving the L-1 Enrollment Services scheduling website. Click on the button below to go to the US Bank ePay system to collect your check or credit card information.

 Appointment Date/Time: January 10, 2011 at 8:00 am
RegID: LZ11000002L

Remember to bring a valid Government Issued Photo ID to your appointment. If you are unable to make your appointment, contact L-1 Enrollment Services at least one day before your appointment at [\(888\) 771-5097](tel:888-771-5097) with your registration number to reschedule.

After you have successfully paid by E-Pay, you will receive a confirmation number and your appointment will be scheduled. If your check or credit card is declined or you are unable to complete the ePay process for any reason, you will not be fingerprinted. Payment is required prior to your appointment. If you need to cancel or change your appointment, please contact us at the number below.

[Continue to US Bank E-Pay -->](#)
(New browser window will open)



 [Get Directions](#)

Appointment Location
OMAK
HAVILLAH ROAD PRINTING & GRAPHICS
23 EAST APPLE AVENUE, OMAK WA

Special Note
Payment must be completed within 15 minutes of receiving the Confirmation Screen. If payment is not made within 15 minutes all information is deleted.

DEL Licensee Payment



- From the Confirmation Screen
- The licensee begins to make payment

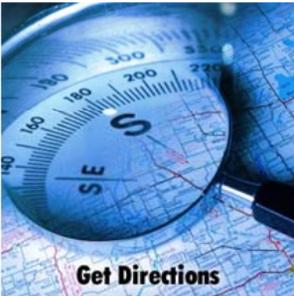
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★ Appointment Date/Time: January 10, 2011 at 8:00 am
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[Continue to US Bank E-Pay -->](#)
(New browser window will open)



★ [Get Directions](#)

Appointment Location
OMAK
HAVILLAH ROAD PRINTING & GRAPHICS
23 EAST APPLE AVENUE, OMAK WA

Special Note
Payment must be completed within 15 minutes of receiving the Confirmation Screen. If payment is not made within 15 minutes all information is deleted.

DEL Licensee Payment



■ Billing Method Selection

- Echeck (will continue on to US Bank Epay after appointment confirmation)
- Credit Card (will continue on to US Bank Epay after appointment confirmation)
- Escrow Account (will present box to enter Account Number)
- Referral Code is not used in Washington

All fingerprint reservations must be paid for at the time of appointment registration

Payment Method*	Billing Account Number	Referral Code (optional)	
Escrow Account	<input type="text"/>	<input type="text"/>	

eCheck (pay now)
Visa or Mastercard (pay now)
Escrow Account

Entered All Required Information ---->

Send Information

If you have any questions, please call L-1 Enrollment Services at (888) 771-5097

DEL Licensee Payment



- US Bank Epay Intro Screen
 - Payment can be made without registering, simply click the “Pay without Registering” link

L1 IDENTITY SOLUTIONS™
ENROLLMENT SERVICES DIVISION

PRIVACY CUSTOMER SERVICE HELP EXIT

Welcome to the Electronic Payment System

REGISTERED USER LOG IN

If you have already registered with the payment system, you may log in now. Enter your User ID and Password, then click **Log In**.

User ID:

Password:

[Log In](#)
[Register](#)
[Forgot Password](#)
[Pay Without Registering](#)

[Browser Requirements](#)

usbank
E-Payment Service

DEL Licensee Payment

- US Bank Epay Method Selection (Select either bank account or credit card)

PRIVACY CUSTOMER SERVICE HELP EXIT

Make a Payment - Fingerprinting Services

PAYMENT METHOD SELECTION

Please choose a payment method:

Checking/Savings Account (eCheck)

Credit/Debit Card

[Continue](#) [Cancel](#)

[Browser Requirements](#)

DEL Licensee Payment



- Bank Account Payment Entry Screen

PRIVACY CUSTOMER SERVICE HELP EXIT

Make a Payment - Fingerprinting Services

*Required Field

BANK ACCOUNT INFORMATION

1234567890	1234567	101
Bank Routing Number	Bank Account Number	Check Number (not required)

Bank Routing Number:*

Bank Account Number:*

Re-Enter Bank Account Number:*

Bank Account Type:* Checking Savings

Is this a business account?:* Yes No

Continue Cancel

DEL Licensee Payment



- Credit Card Payment Entry Screen

PRIVACY CUSTOMER SERVICE HELP EXIT

Make a Payment - Fingerprinting Services

***Required Field**

ACCOUNT INFORMATION

Credit/Debit Card Type:*    

Credit/Debit Card Number:*

Expiration Date:* /

BILLING ADDRESS

Street Address 1:*

Street Address 2:

City:*

State:*

Zip Code:* -