



IDEMIA Identity and Security USA, LLC (“IDEMIA”) is pleased to offer a new service - No Charge Authorization Codes (NCAC), also referred to as Authorization codes. This service will allow you to establish an account that is backed by a major credit card (currently VISA, MasterCard, Discover and AMEX).

The benefit of a credit card-backed NCAC account is that your credit card is charged ONLY when one of your applicants is fingerprinted and an NCAC is redeemed. The applicant may select “NCAC” as a payment method during applicant registration. The Authorization code will need to be provided to the enrollment agent on site as payment at the time of service.

NCACs will expire 6 (six) months from date of issuance or at the credit card expiration date, whichever comes first. Expired NCACs will not be charged to your credit card. This design feature assists you in controlling the distribution of NCAC codes and assists in preventing fraud. The assigned primary contact for your account will be responsible for issuing and controlling the use of NCACs provided. The assigned primary contact should request all applicants to provide a copy of their enrollment receipt in order to assist you with your record-keeping.

Please review the following guidelines before you open an NCAC account:

- A minimum of 50 (fifty) Multi Service NCAC codes must be requested at any one time.
- Customers may open only one account per tax ID number and billing address.
- Complete and return the attached NCAC Agreement, Credit Card Authorization and Customer Account Information forms in their entirety to our Billing department via fax at 952-945-3326.
- The Customer Account Information form is used to identify those email addresses to which IDEMIA should send NCACs for your account.
- Upon receipt and execution of the requested documentation, IDEMIA will provide your assigned primary contact with NCAC’s. Allow 3-5 business days for processing.
- Your nine-digit Federal tax ID number or EIN number will be the identifier for your account, along with an account name. The assigned primary contact must provide this information to order additional NCACs.
- Additional NCACs may be requested by submitting a re-order form, located at the “Download Forms and Links” section on our web site, <https://www.identogo.com/locations/Minnesota>. All re-order forms must be submitted via email to: MNUEPAccounts@US.IDEMIA.com.

If the NCAC payment method does not work for you, other payment options are available.

- Credit Card or Debit Card onsite (Card holder must be present)
- Money Order or Check per individual fingerprinting applicant



Steps to Redeem an NCAC

1. Pre-enroll and schedule a fingerprint appointment in the State of Minnesota at <https://www.identogo.com/locations/Minnesota/>.
2. When prompted to choose the form of payment, select the NCAC option.
3. Multi Service NCAC “Authorization Codes” can be used for any Minnesota service type or reason for fingerprinting. Be sure that the applicant is provided with a NCAC as payment, otherwise the applicant will be prompted for another form of payment at the enrollment session.
4. Ensure that the applicant retains or returns a copy of the receipt to you for your records if needed for auditing requirements. The applicant may ask for more than one copy of their receipt at the enrollment center at the time of fingerprinting.



This NCAC Agreement ("Agreement") is between IDEMIA Identity and Security USA, LLC ("IDEMIA") and the company or organization identified below ("Customer") and sets forth the terms and conditions under which IDEMIA will provide no-charge authorization codes ("Authorization Code(s)") to Customer for distribution to applicants required to submit to a fingerprint based background check ("Applicant(s)") through the State of Minnesota, Digital Fingerprint Program.

Applicants will present an Authorization Code to IDEMIA at the time IDEMIA collects their fingerprints and verifies their biographic information ("Applicant Information"). Upon IDEMIA's collection of Applicant Information, IDEMIA will charge the credit card identified by Customer in a Credit Card Authorization Agreement ("Credit Card").

IDEMIA will provide an initial quantity of _____ (minimum order of 50) Authorization Codes to Customer upon execution of this Agreement and a Credit Card Authorization Agreement. All of the codes will expire six (6) months of the date of issuance to Customer or at the date of expiration of the Credit Card, whichever occurs first. Customer will not be charged for Authorization Codes that have not been redeemed before expiration. IDEMIA will provide additional Authorization Codes at a quantity (minimum order of 50) requested by Customer. The provision and redemption of additional Authorization Codes provided to Customer will be governed by the terms of this Agreement.

IDEMIA will provide all Authorization Codes to an email address provided by Customer, in a password-protected file. Customer may distribute the Authorization Codes to applicants via any method of delivery (e.g., email, US mail).

If the State of Minnesota or other relevant government agency authorizes or dictates a fee increase or decrease in Fingerprint fees, IDEMIA will charge Customer the new fee for any redemption of Authorization Codes occurring on or after the effective date of the fee change.

Customer acknowledges and agrees that Customer will be responsible for all Credit Card charges for Authorization Codes issued to Customer and provided to IDEMIA by applicants, regardless of whether the corresponding Authorization Codes are obtained or redeemed by fraud, redeemed by persons to whom Customer did not issue the Authorization Codes, or that are transferred in violation of any terms and conditions under which Customer distributes the Authorization Codes.

If a charge to the Credit Card is declined by IDEMIA's payment processor or by the issuer of the Credit Card, or if IDEMIA is otherwise unable to obtain payment through the Credit Card, or if any IDEMIA charges to the Credit Card are refused or disputed, IDEMIA will require payment in full prior to or at the time of processing any further applicants of Customer, until such time that IDEMIA notifies Customer that the payment issue has been resolved.

Please indicate acceptance of these terms by having an authorized representative of Customer sign below and return a copy to IDEMIA via fax at 952-945-3326.

ACCEPTED AND AGREED TO: _____ DATE: _____

Name of Customer: _____ EIN or Tax ID: _____

Signature _____ Printed Name: _____

Title: _____

Background Studies for: Minnesota Department of Human Services

Reason Code(s): NETStudy system



Customer Account Information

Legal Company Name: _____

Legal Address: _____

Tax ID: _____ *if tax exempt submit exemption certificate or W-9 Required

Primary Contact Name: _____

Primary Contact Phone : _____

Primary Contact Email : _____

Secondary Contact Name: _____

Secondary Contact Phone : _____

Secondary Contact Email : _____

The primary contact will receive all NCAC Authorization Codes ordered via the email provided and should be the individual over the fingerprinting/background check process for your organization. Please make sure your organization's IT dept. (or equivalent) adds MNUEPAccounts@US.Idemia.com into a 'whitelist' so delivery of Codes are not blocked by your internet security.

*PLEASE NOTE, if there are any issues with your NCAC account, we will only speak with the contacts listed above.

Please fax this form back with initial NCAC agreement and credit card authorization to 952-945-3326

*Please note if contact information in the future needs to be changed, it must be done so through email to: MNUEPAccounts@US.IDEMIA.com by an established POC.



UEP Credit Card Authorization

Current Date: []

IF HAND WRITING, PLEASE PRINT LEGIBLY

CUSTOMER INFORMATION	
Company Name:	Contact Email Address:
Customer Contact:	Contact Phone Number:

CUSTOMER AUTHORIZATION

By signing below, I authorize IDEMIA to charge my credit card ending in []
 (last four digits of card) for the full transaction value of each unique 'Authorization Code'
 presented for the purpose of completing any UEP transaction performed on my

Signature (must be physical signature):

Printed Name:	Email:
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To Be Retained

To Be Destroyed

CARD HOLDER INFORMATION		
Full Name on Card:	Card Type:	<input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American Express
Credit Card Number:	Expiration Date:	CSV Code:

IDEMIA - Billing Department – 340 Seven Springs Way, Ste. 250, Brentwood, TN 37027

FAX COMPLETED AUTHORIZATION FORM TO: 952-945-3326