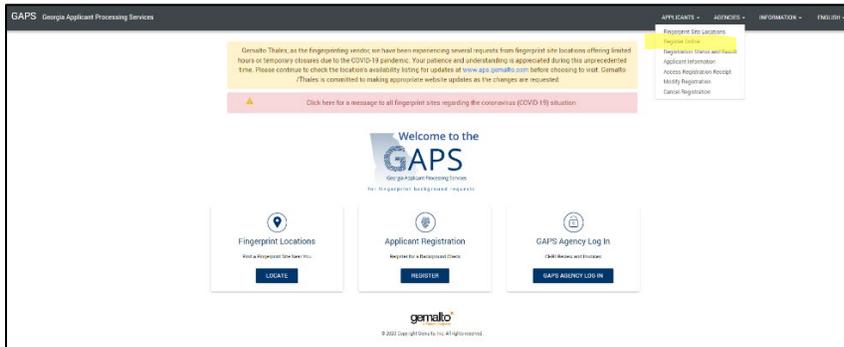


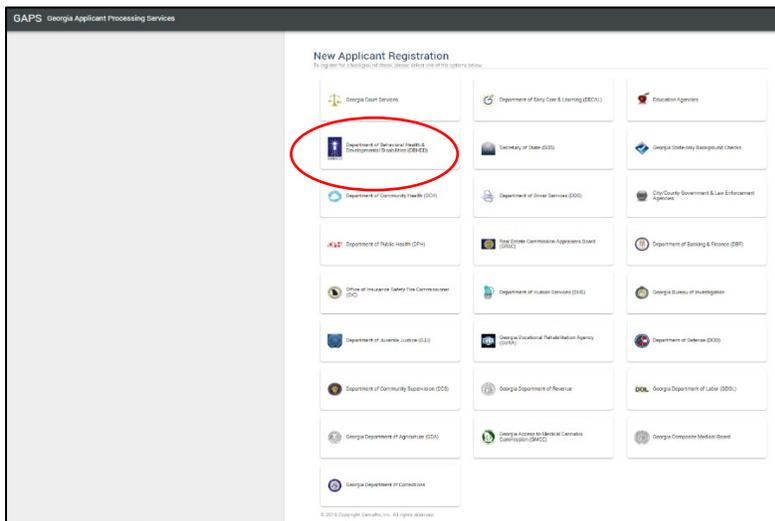
How to Register an Applicant for Fingerprints

For an applicant's registration to be approved in Gemalto, **both** of the following steps must be completed:

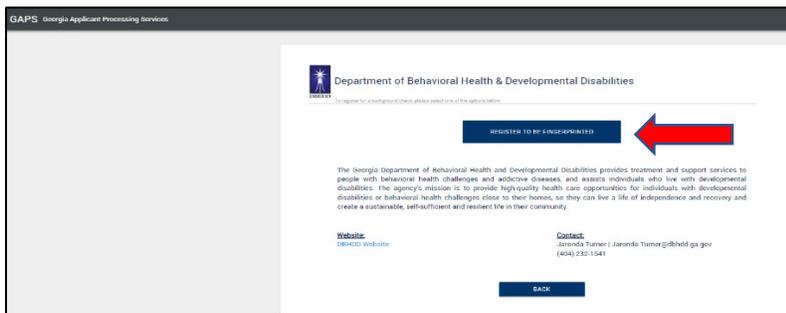
1. Go to the **GAPS Gemalto** site at <https://www.aps.gemalto.com/ga/index.htm>.
 - Select **Applicants**
 - Select **Register Online**



- Select **Department of Behavioral Health and Developmental Disabilities**



- Select **Register to be Fingerprinted**



How to Register an Applicant for Fingerprints

- Ensure the applicant reads the **Privacy Rights** and check the box and click continue

Non-Criminal Justice Applicant's Privacy Rights

As an applicant who is the subject of a Georgia and Federal Bureau of Investigation (FBI) national fingerprint/biometric-based criminal history 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 Regulation (CFR), 50.12, 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

Privacy Act Statement

This privacy act statement is located on the back of the FD-258 fingerprint card.

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

I have read and accepted these terms.

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- Enter all required information
 - Reason for Fingerprinting should be DBH/DD – Contractors Providing Care/Treatment

****Please note, an accurate *applicant email address* is necessary for the applicant to receive the notification that their request has been approved and to proceed to the fingerprint location.**

Step 1 - Please Enter Your Information

Transaction Information

Reason for Fingerprinting*

Requesting Agency ID* (if different from requesting agency ID)

Position Applied for*

Fingerprint Card User*

Personal Information

Last Name*

First Name*

Middle Name*

Maiden Name*

Reverse Social Security Number*

Date of Birth*

Sex*

Race*

Hair Color*

Hair Style*

Place of Birth*

Country of Citizenship*

State License Issue*

Driver License Number*

Home Address

Address*

City*

State*

Zip Code*

Applicant Email*

Mailing Address

Address*

City*

State*

Zip Code*

Use same address as above

2. Email completed/signed Registration Forms, Attachment E from DBHDD Policy 04-104, to dbhdd.reg@dbhdd.ga.gov. Registration in Gemalto will NOT be approved until Registration Forms have been received.