



CRC Application

***Form shall be typed. Form will be rejected if information is missing. ***

Please ensure you are using the most updated forms. Vist <https://cyfd.org/for-providers/info-and-manuals> for further instructions and updated forms. Please follow all the directions. If you have any questions, please call (505)827-8400 or email us at CYFD.PSCriminalReco@state.nm.us.

Fingerprint Registration Information

Choose the following ORI when registering applicants:

Registration ID# : you will receive this ID# after you have completed Step #2 registering your applicant to be fingerprinted.

Agency Information

*Type of Agency: _____ Applicant Status: _____

*Court Docket: _____ Court Name: _____ TFC Status: _____

*Agency Name: _____ *Contact Person: _____

*Phone #: _____ *E-mail: _____

*Mailing Address: _____ *City _____, NM *Zip _____

Applicant Information

*First Name _____ *Middle Name No Initials. If none then NMN _____ *Last Name _____

*Aliases / AKA / Madien Name, Jr., Sr., nick name(s) etc. If none then N/A * Place of Birth City, State _____

*Social Security Number 9 digits _____ *Date of Birth mm/dd/yyyy _____ *Drivers License Information
State _____ DL# _____

*Physical Address Include apartment / unit # if applicable _____ *City _____ *Zip _____, NM

*Citizenship _____ *Race _____ *Height _____ *Weight _____ *Phone # _____

*Eye Color drop down box _____ *Hair Color drop down box _____ *Sex _____ Female
Male

The following documentation shall be Emailed to our office:

1. CRC Application
2. Fingerprint Submission Receipt Not registration receipt Please see step #3 under instructions online.
3. Child Abuse & Neglect Form

These documents shall be Emailed to:

CYFD.PSCriminalReco@state.nm.us