

# Colorado Fingerprinting Applicant Registration Instructions

Fingerprinting appointments are required. The following are step by step instructions to successfully register for fingerprinting. Please carefully read and follow the registration instructions carefully.

**IMPORTANT - Make sure all of your information is correct, once your fingerprints are submitted you cannot change any information.**

1. **Website** - Visit the website <https://abi.cabiond.com/> and click "Create Account" to begin.

New to Fingerprinting? [Create an Account and Proceed](#) English ▾

2. **Account Creation Step 1** - Enter your first name, middle name (if applicable), last name, suffix (if applicable), gender, DOB & preferred communication language. Once you have verified all of your information is correct click "Next".

## Create an Account

Please fill the form below to create an account



Personal Information   Contact Information   Account Information

### Personal Information

First Name \*

Middle Name \*

If you don't have a middle name, check the box below.

I don't have a Middle Name.

Last Name \*

Suffix (Optional)

--Select--

I have an Alias, Maiden name and/or a proposed legal name change

Gender \*

Date of Birth \*

mm/dd/yyyy

Preferred Communication Language

Step 1 of 3

Next

Cancel

3. **Account Creation: Step 2** - Enter your primary email address **which should be your own personal email address** and is very important for notifications and status on your fingerprinting. Confirm your primary email address, enter your address & phone number. After verifying your information is correct click "Next".

### Create an Account

Please fill the form below to create an account

1

2

3

Personal Information

**Contact Information**

Account Information

#### Contact Information

Primary Email \*

Confirm Primary Email \*

[Add Secondary Email](#) (Optional)

Address \*

Country \*

State \*

City \*

Zip Code \*

Primary Phone Number \*

Secondary Phone Number (Optional)

Step 2 of 3

Previous

**Next**

Cancel

4. **Account Creation: Step 3** - Enter a user name, which can be your email address, create a password (the requirements are below), confirm your password and click “Create an Account”.

Create an Account  
Please fill the form below to create an account

1 — 2 — 3  
Personal Information   Contact Information   **Account Information**

Account Information

Username \*



Password \*    Confirm Password \*

Your Password must meet the following requirements

- Should not have blank spaces.
- Should have 8 to 15 characters.
- Should have at least one digit [0-9]
- Should have at least one capital letter [A-Z]
- Choose at least one of the listed special characters [!@#%^\*\_+~\':/.,()[]-]

Step 3 of 3        

5. **Place Order** - If you have placed an order previously, your order history will be displayed. To place a new order, click “Place New Order”.

 Welcome Smith, John  English  29:36 minutes until auto Logout

**Order History**     

Order Number	Order Date	Location	Order Status	Appointment S...	Services	Amount	Action
0 - 0 of 0 items							

- 6. Order Options** - Choose “Fingerprint Location” if you are visiting a fingerprint location - search by your zip code for the locations closest to you. Choose the location most convenient for you and click “Next”. If you are not able to visit a fingerprint location select “Mail Fingerprint Card” and click “Next” & skip to step 8.

**Order Options**  
Welcome, please select which order option you want to create

**Fingerprint Location**  
At a Colorado Fingerprinting Sites
  **Event Code**  
Onsite Fingerprinting
  **Mail Fingerprint Card**  
Unable to Visit a Colorado Fingerprinting Location

You can also search zip code or choose from the map.

Enter Zip Code \*

Location	Description	Images
<input type="radio"/> <b>NewLocation_ME_1222</b> 1925 Larimer St, Denver, CO 80202, USA	Test description	<a href="#">Images</a>
<input type="radio"/> <b>Test KM Location 221222</b> 110 16th St Mall, Denver, CO 80202, USA	DESC KM LOC FOR FINGERPRINTING 22DEC22	<a href="#">Images</a>

- 7. Schedule Appointment** - The available days for the location you have selected will be displayed. Select the day you wish to get fingerprinted and the available time slots will be displayed. Select the time slot and click “Next”.

**Schedule Appointment**  
Pick a time slot that works for you from the available dates.

Month	SU	MO	TU	WE	TH	FR	SA
2023	1	2	3	4	5	6	7
Feb	8	9	10	11	12	13	14
	15	16	17	18	19	20	21
	22	23	24	25	26	27	28
	29	30	31				

Selected  
  Available  
  Not Available

Available slots for: Tuesday, Jan 24, 2023

<input type="radio"/> 10:00 AM - 10:30 AM	<input type="radio"/> 10:30 AM - 11:00 AM	<input type="radio"/> 11:00 AM - 11:30 AM
<input type="radio"/> 11:30 AM - 12:00 PM	<input type="radio"/> 12:00 PM - 12:30 PM	<input type="radio"/> 12:30 PM - 01:00 PM
<input type="radio"/> 01:00 PM - 01:30 PM	<input type="radio"/> 01:30 PM - 02:00 PM	<input type="radio"/> 02:00 PM - 02:30 PM
<input type="radio"/> 02:30 PM - 03:00 PM	<input type="radio"/> 03:00 PM - 03:30 PM	<input type="radio"/> 03:30 PM - 04:00 PM
<input type="radio"/> 04:00 PM - 04:30 PM	<input type="radio"/> 04:30 PM - 05:00 PM	<input type="radio"/> 05:00 PM - 05:30 PM
<input type="radio"/> 05:30 PM - 06:00 PM	<input type="radio"/> 06:00 PM - 06:30 PM	<input type="radio"/> 06:30 PM - 07:00 PM
<input type="radio"/> 07:00 PM - 07:30 PM	<input type="radio"/> 07:30 PM - 08:00 PM	

Step 2 of 9

8. **Billing Code** - Select “No” when asked if you have a billing code. Click “Next” to proceed.

### Billing Code

Please select billing code option.

### Do you have a Billing Code?

Yes  No

Step 3 of 9

Previous

Next

Cancel

9. **Service Type and Reason Fingerprinted** - For the question “Why do you need to get fingerprinted?” select the **CO Licensure/Employment CABS** service from the list of options. When prompted for the reason fingerprinted within CABS select **MARIJUANA STATE 44-10-307** which is the reason fingerprinted for your institution.

### Service Types

Please select the options for the service you require. If you are not sure which service you need please consult with the agency/employer that requested you get fingerprinted.

Why do you need to get fingerprinted? \*

CO Licensure/Employment CABS

#### CO Licensure/Employment CABS

Colorado Bureau of Investigation (CBI) fingerprint processing for licensure/employment in Colorado. Order if instructed by your employer or licensing agency and you have the CBI unique ID. If you are not sure of the CBI unique ID, you can use the lookup tool but if you are not sure contact your agency/employer for assistance.

What is your reason for CO Licensure/Employment CABS? \*

-Select-

10. **CBI Unique ID** - When prompted for the CBI Unique ID enter **9500MAJI** which is the CBI Unique ID for your institution. Select “Next” to continue.

Enter CBI Unique ID \*

Or search by your Agency City or Name

Agency City

Agency Name

Search

Previous

Next

Cancel

**11. Personal Information** - Your personal information from when you created your account will be displayed. If your SSN is required for the specific service you will be required to enter your SSN. **Double check all of your information to make sure it is correct.** Click "Edit Profile" to make any changes/corrections. After verifying your information is correct click "Next".

**Profile Details** [Edit Profile](#)


First Name:	John	Middle Name:	
Last Name:	Smith	Primary Email:	testmanc88@gmail.com
Gender:	Female	Secondary Email:	-
Date of Birth:	7/4/1976	Primary Phone:	(720)-292-2722
Preferred Communication Language:	English (Inglés)	Secondary Phone:	
Social Security Number:		Address:	110 16th St Denver, COLORADO 80223, UNITED STATES of AMERICA

[Previous](#) [Next](#) [Cancel](#)

**12. DOB Confirmation** - You need to enter your DOB and if applicable the last four of your SSN to proceed. The DOB and last four digits of your SSN must match what was entered for your profile.

### Confirm your Date of Birth ✕

Date of Birth

[Cancel](#) [Confirm](#)

**13. Fingerprint Information** - Enter the information needed for fingerprinting which includes your place of birth (country/state), citizenship, race, eye color, hair color, height and weight. **\*\*If the daycare license number is required you will need to contact your employer for their daycare license number.\*\***

**Fingerprint Information**

Please provide all requested information. Omitting or providing false information may be cause for disqualification.

Personal Details	Service Details
Place of Birth (Country): * -Select- ▼	CBI Unique ID: 0805DCLI
Place of Birth (State): * -Select- ▼	Reason Fingerprinted: 26-6-107
Citizenship: * -Select- ▼	Reason Fingerprinted Colorado Revised Statute (C.R.S.): CHILDCARE - LICENSED 26-6-107
Race: * -Select- ▼	Total Fee: \$54.50
Eye Color: * -Select- ▼	AcctNam (Literal): BRIGHT START
Hair Color: * -Select- ▼	AcctAdr: 1610 HARRISON AVE
Height (ft): * -Select- ▼	AcctCty: LEADVILLE
Height (in): * -Select- ▼	AcctSta: CO
Weight(lbs) * Please enter value. ▲▼	AcctZip: 80461
	Daycare License# * 1687766

Step 6 of 9

Previous **Next** Cancel

**14. Review and Privacy Act Statement** - This is your last change to review your information and ensure it is correct. Scroll to the bottom and click the acknowledgement that you have read the privacy act statement. Click "Next" to proceed.

**Privacy Act Statement**

The FBI's acquisition, retention, and sharing of information submitted on this form is generally authorized under 28 USC 534 and 28 CFR 16.30-16.34. The purpose for requesting this information from you is to provide the FBI with a minimum of identifying data to permit an accurate and timely search of FBI identification records. Providing this information (including your Social Security Account Number) is voluntary; however, failure to provide the information may affect the completion of your request. The information reported on this form may be disclosed pursuant to your consent and may also be disclosed by the FBI without your consent pursuant to the Privacy Act of 1974 and all applicable routine uses.

I have read the Privacy Act Statement and Accept it.

Step 7 of 9

Previous **Next** Cancel

**15. Review Affirmation** - A final affirmation will appear that you have made sure your information is correct. Click "Confirm" to proceed.

### Refund Policy ✕

**Make sure your information is correct!**

You will not be able to edit any information for this order after proceeding – MAKE SURE YOUR INFORMATION IS CORRECT. Have you reviewed all your information?

**Refund Policy:**

You have agreed to a service, and as a customer you agree to the terms and conditions of service. In addition, you have acknowledged that there are no funds that can be issued.

Cancel Confirm

**16. Payment** - You will see a summary of your order. Select your method of payment. Click "Add New Card" to add a Credit/Debit Card for payment.

### Payment Details

Please select your preferred method of payment to complete your order.

Order Summary				
Service Name	Base Price	Net Price	Paid by Institution	Paid by Applicant
CABS	\$54.50	\$54.50	\$0.00	\$54.50
				Sub Total: <b>\$54.50</b>
				Total: <b>\$54.50</b>
Balance Amount:	\$54.50			

**Preferred Payment Method**

Credit/Debit Card  Money Order

Available Cards

Card Type	Name on Card
No records available.	

5 items per page 0 - 0 of 0 items

Add New Card



**17. Select Card & Finish** - Select the credit card you added for the method of payment. Check the both to agree with the user agreement and click "Finish".

Available Cards

Card Type	Name on Card	
XXXX1111 (Visa)	John Smith	Remove

1 - 1 of 1 items

User Agreement

I authorize the agreed amount of this purchase to be charged to the credit card I provide in connection with this transaction. I agree to pay for this purchase in accordance with the issuing bank cardholder agreement.

I have read the user agreement and accept it.

Step 8 of 9

Previous **Finish** Cancel

**18. Order Confirmation** - Your confirmation page will be displayed with your order number which will also be emailed to your email address.

✔ Your order is created successfully.

**Order Confirmation**  
Congratulations, Your order is confirmed.

Thank you for your order!  
An email confirmation has been sent to davidtestbradley@cfp.com

Order Summary Print Order

Order Details  
Order Number: 1091-285-4702-36-148      Order Date: 1/23/2023

**Fingerprinting** - Please bring the following when you go to the location to have your fingerprints taken.

- **Order ID** - Please make sure to bring in the order ID from the fingerprint registration.
- **Govt. Issued Photo ID** - Please make sure to bring a valid photo ID which can be one of the following:
  - Valid Driver's License - Issued by Colorado or another State.
  - Valid Identification Card - Issued by Colorado or another State.
  - Federal ID Card - With seal or logo from Federal Agency.
  - Valid Commercial Drivers License - Issued by Colorado or another State.
  - Valid U.S. Passport
  - Valid Foreign Passport
  - Valid Passport Book/Card
  - Valid U.S. Military Identification Card
  - Permanent Resident Card/Green Card
  - Enhanced Tribal Card

**Rejections** - In the event your fingerprints are rejected by either the CBI or FBI, you will receive a notification by email and text if you opted for receiving text messages. **DO NOT PLACE A NEW ORDER if your fingerprints are rejected, you will “reschedule an appointment” under the existing order.**

**Mail Fingerprint Card** - If you selected mail fingerprint card if you are unable to physically visit a fingerprint location. The following are the next steps in the process.

1. **FD-258 Fingerprint Card** - You must have your fingerprints taken on FD-258 fingerprint cards. You can typically do this at local law enforcement or any private agency qualified to take fingerprints. We recommend obtaining two (2) fingerprint cards. The cards need to be signed by both you and the official taking fingerprints and all personally identifiable information must be completed.
2. **Confirmation** - At the end of the enrollment process please print your confirmation receipt with your order number.
3. **Mail** - Mail all items listed above to:

**Colorado Fingerprinting  
Attn: CABS Fingerprint Processing  
110 16th St 8th Floor  
Denver CO 80202**

Once your request has been received it will be processed within 3-5 business days.

**Contact** - Please contact us if you have any questions or for assistance.

Phone: 833-224-2227

Email: [info@coloradofingerprinting.com](mailto:info@coloradofingerprinting.com)

Website: [www.coloradofingerprinting.com](http://www.coloradofingerprinting.com)

Applicant Account Login: <https://abi.cabiond.com>