NYS Request for Card Scan Services - Information Form (DOS-1887)

Contributor Agency Section: Contributor Agency: NYS Department of State/Athletic

ORI: NY920650Z

Job or License Type (check one): ◯ *Athletic Commission License Application* ◯ *Promoter* ◯ *Other NYSAC License*

Agency ID Number: _____
(If assigned by contributor)

Applicant Section: ◯ *New Submission* ◯ *Resubmission*

Name of Applicant: Last: _____ First: _____ M.I.: _____

Alias / Maiden Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____ Age: _____ Sex: ◯ Male ◯ Female Race: _____

Ethnicity: ◯ Hispanic ◯ Non Hispanic Height: _____ *ft.* _____ *in.* Weight: _____ *lbs.*

Skin Tone: _____ Eye Color: _____ Hair Color: _____

State / Country of Birth: _____ Country of Citizenship: _____

Payment Section:

Payment options include: personal or business check, certified check, bank check, money order or credit card. If paying with a 3rd party check, please clearly print the applicant's name at the top of the check.

PAID BY:

◯ Check or Money Order (payable to MorphoTrust USA)

Check Number: _____

◯ Visa ◯ Master Card ◯ American Express ◯ Discover

NOTE: credit card must have a U.S. billing address

Card Number: _____ Expires: _____