

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: _____