

User Manual

PreEnrollment for Fingerprint-based Criminal History Check

CCHRS Web Portal

Connecticut Criminal History Records Search



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Document Revisions

Date	Version Number	Name of Person Revising/Changing	Document Changes
04/29/2021	1.001a	Tamra	Initial Draft (alpha)
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Introduction

This document provides information for users of the CCHRS Web Portal who want to be pre-enrolled for a fingerprint-based background check.

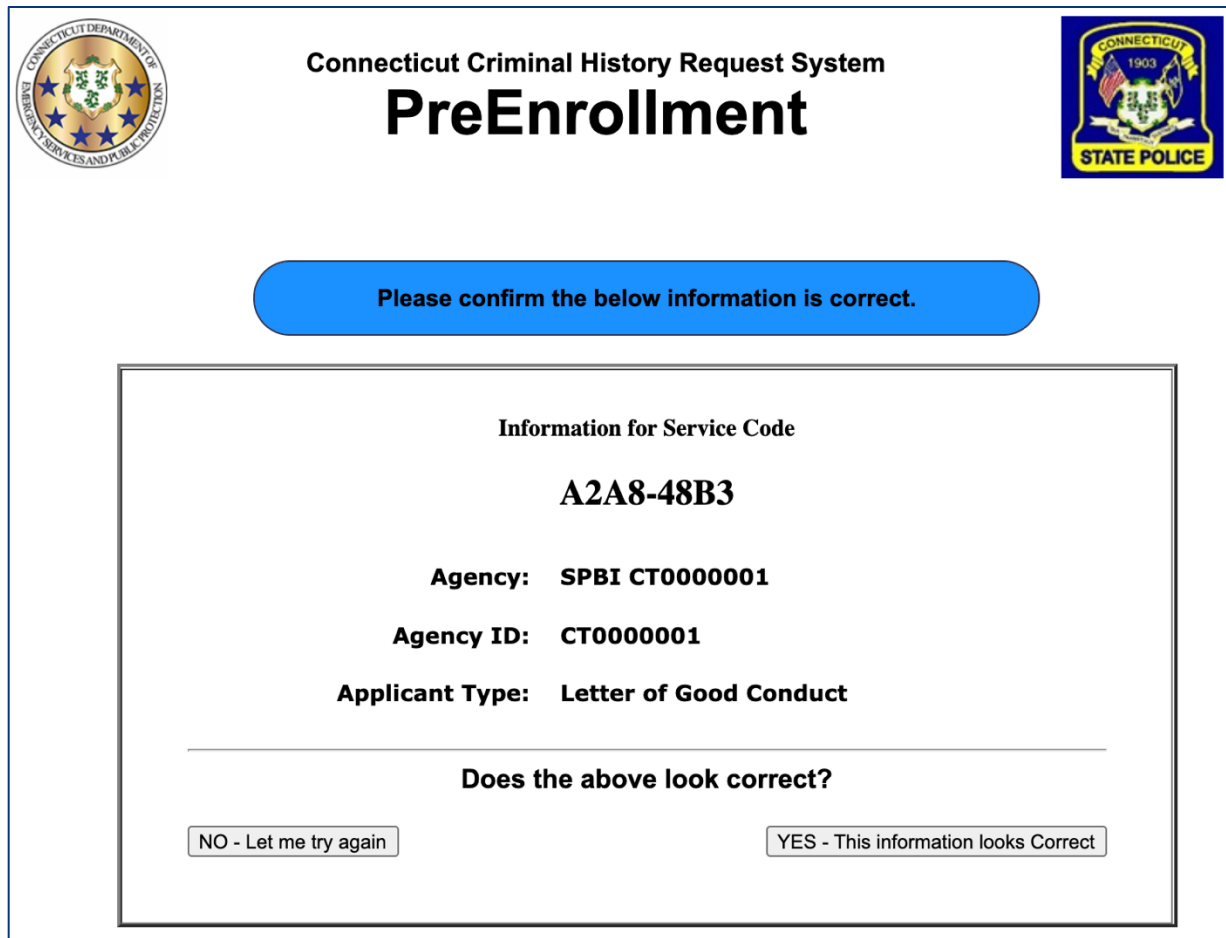
The Connecticut Criminal History Records Search (CCHRS) provides the public, authorized agencies, and authorized users with access to fingerprint-based and name-based background checks.

Getting Started

Go to <https://ct.flexcheck.us.idemia.io/CCHRSPreEnroll>

Enter your two-part code into the Service Code boxes, then Click “Submit Service Code.” This code should have been provided to you by the entity or agency that is asking you to be fingerprinted.

You’ll see a confirmation screen. See sample screen below:




The screenshot shows a web portal interface for the Connecticut Criminal History Request System. At the top left is the seal of the Connecticut Department of Correction, and at the top right is the Connecticut State Police logo. The main heading reads "Connecticut Criminal History Request System PreEnrollment". Below this is a blue rounded rectangle containing the instruction: "Please confirm the below information is correct." A large rectangular box contains the following information: "Information for Service Code", "A2A8-48B3", "Agency: SPBI CT0000001", "Agency ID: CT0000001", and "Applicant Type: Letter of Good Conduct". Below this information is a horizontal line and the question "Does the above look correct?". At the bottom of the box are two buttons: "NO - Let me try again" on the left and "YES - This information looks Correct" on the right.

Click the “NO – Let me try again” button if you’ve made a mistake entering the code. Click the “YES – This information looks Correct” button if you’ve entered the correct code and want to continue.

Entering Your Information

You'll enter your contact information and some demographic information on this form, then click the Submit button to submit the information. All mandatory fields are blue and have bolded headings with an asterisk (*).




Connecticut Criminal History Request System

PreEnrollment

(A300-0983)

SPBT

Letter of Good Conduct



Last Name* [Text Field]

First Name* [Text Field]

Middle Name [Text Field]

Suffix [Dropdown]

DOB* [Date Picker]

SSN [Text Field]

Sex* [Dropdown]

Race* [Dropdown]

Hispanic Hispanic Indicator

Height (508: 5 foot 8") [Text Field]

Weight* [Text Field]

Eye Color* [Dropdown]

Hair Color* [Dropdown]

Place of Birth* [Dropdown]

Country of Citizenship [Dropdown]

Miscellaneous Identifying Number (MNU) Number [Text Field]

[Dropdown]

Email:

Email Address* [Text Field]

Email Confirmation* [Text Field]

Letter of Good Conduct:

Reason* [Dropdown]

Country* [Dropdown]

Residence:

House Number [Text Field]

Street Name [Text Field]

Street Type [Dropdown]

Street Directional [Dropdown]

Apt Number [Text Field]

City [Text Field]

Country [Dropdown]

US State [Dropdown]

Zip/Postal Code [Text Field]

Zip Extended [Text Field]

Employer:

Occupation [Text Field]

Employer Name [Text Field]

Employer Street Address [Text Field]

Employer City [Text Field]

Employer State [Dropdown]

Employer Zip/Postal Code [Text Field]

Aliases (Up to 10):

	Last	First	Middle	Suffix
1.	[Text Field]	[Text Field]	[Text Field]	[Dropdown]
2.	[Text Field]	[Text Field]	[Text Field]	[Dropdown]
3.	[Text Field]	[Text Field]	[Text Field]	[Dropdown]

Scars, Marks, Tattoos (Up to 10):

Code	Description (Alpha & space only)	Location (Alpha & space only)
1.	[Text Field]	[Text Field]
2.	[Text Field]	[Text Field]
3.	[Text Field]	[Text Field]
4.	[Text Field]	[Text Field]
5.	[Text Field]	[Text Field]
6.	[Text Field]	[Text Field]
7.	[Text Field]	[Text Field]
8.	[Text Field]	[Text Field]
9.	[Text Field]	[Text Field]
10.	[Text Field]	[Text Field]

Local Permit:

Permit From [Dropdown]

Permit Date [Date Picker]

Originating Company:

Company Name [Text Field]

Address Street1 [Text Field]

Address Street2 [Text Field]

Address City [Text Field]

Address State [Dropdown]

Address Zip [Text Field]

Emergency Contact:

First Name [Text Field]

Middle Name [Text Field]

Last Name [Text Field]

Suffix [Dropdown]

Phone [Text Field]

Emergency Contact Address:

Address Street1 [Text Field]

Address Street2 [Text Field]

Address City [Text Field]

Address State [Dropdown]

Address Zip [Text Field]

Naturalization:

Location [Text Field]

Date [Date Picker]

Previous Conviction:

Ever Convicted [Dropdown]

Conviction Date [Date Picker]

Conviction Place [Dropdown]

Conviction Court [Dropdown]

Conviction Offense [Text Field]

Submit Pre-Enrollment

When you finish filling out all the mandatory fields and any optional areas, click the button in the bottom right of the screen.

Submit Pre-Enrollment

The following sections of this document will briefly describe areas of the form.

Name and Demographic Info

Enter your name and demographic information in the first few fields. Most of these fields are required. Certain selections under Place of Birth will cause an additional field to appear (for example US States or Canadian Provinces) and that field is also mandatory.

Last Name*	Bear
First Name*	Teddy
Middle Name	Rawr
Suffix	▼
DOB*	12/25/1950
SSN	123-12-1234
Sex*	MALE ▼
Race*	UNKNOWN ▼
Hispanic	<input type="checkbox"/> Hispanic Indicator
Height (508: 5 foot 8)*	507
Weight*	195
Eye Color*	BROWN ▼
Hair Color*	BROWN ▼
Place of Birth*	United States of America (USA) C/D/T ▼
US State *	Oregon U.S. State ▼
Country of Citizenship	Select Country ▼
Miscellaneous Identifying Number (MNU)	Number
Select Code ▼	

Your country of citizenship is an optional field; select your response from the drop-down menu.

For Miscellaneous Identifying Number, pick a type of number from the drop down, then type the number in the Number field.

Miscellaneous Identifying Number (MNU)	Number
<ul style="list-style-type: none"> ✓ Select Code AF Air Force Serial Number AN Non-Immigration Admission Number AR Alien Registration Number AS National Guard or Air National Guard Serial Number, Army Serial Number BF Bureau Fugitive Index Number CG US Coast Guard Serial Number CI Canadian Social Insurance Number FN Fingerprint Identification Number IO Identification Order Number MC Marine Corps Serial Number MD Mariners Document or Identification Number MP Royal Canadian Mounted Police ID or Fingerprint Sec (FPS) Number NA National Agency Case Number-Military NS Navy Serial Number OA Originating Agency Police or Identification Number PI Personal Identification Number PP Passport Number PS Port Security Card Number SS Selective Service Number VA Veterans Administration Claim Number 	

Email

These two fields are mandatory.

Email:	
Email Address*	<input type="text" value="email@site.com"/>
Email Confirmation*	<input type="text" value="email@site.com"/>

Make sure you enter your email address correctly and then type it exactly the same in the Email Confirmation field. This email address will be used to provide you with information about your fingerprint background check, including information regarding a successful pre-enrollment that you will need to provide at the fingerprint session.

Letter of Good Conduct

If the service code you entered indicates you are applying for a Letter of Good Conduct then this section will be visible; it won't be seen by those not applying for the Letter. These fields are mandatory if you are applying for a Letter.

Letter of Good Conduct:	
Reason*	<input type="text" value="Select Reason"/>
Country*	<input type="text" value="United States of America (USA) C/D/T"/>

Select a reason for your Letter from the drop down, and then select what country the Letter is for.

Residence and Employer Information

The fields in these two sections are optional. Certain selections under Country will cause an additional field to appear (for example US States or Canadian Provinces).

Residence:

House Number

Street Name

Street Type

Street Directional

Apt Number

City

Country

Zip

Zip Extended

Employer:

Occupation

Employer Name

Employer Street Address

Employer City

Employer State

Employer Zip

Aliases

You can also optionally add any known aliases, such as your maiden name if your married name is different.

Aliases (Up to 10):

	Last	First	Middle	Suffix
1.	<input type="text" value="Last"/>	<input type="text" value="First"/>	<input type="text" value="Middle"/>	<input type="text" value=""/>
2.	<input type="text" value="Last"/>	<input type="text" value="First"/>	<input type="text" value="Middle"/>	<input type="text" value=""/>
3.	<input type="text" value="Last"/>	<input type="text" value="First"/>	<input type="text" value="Middle"/>	<input type="text" value=""/>
4.	<input type="text" value="Last"/>	<input type="text" value="First"/>	<input type="text" value="Middle"/>	<input type="text" value=""/>
5.	<input type="text" value="Last"/>	<input type="text" value="First"/>	<input type="text" value="Middle"/>	<input type="text" value=""/>
6.	<input type="text" value="Last"/>	<input type="text" value="First"/>	<input type="text" value="Middle"/>	<input type="text" value=""/>
7.	<input type="text" value="Last"/>	<input type="text" value="First"/>	<input type="text" value="Middle"/>	<input type="text" value=""/>
8.	<input type="text" value="Last"/>	<input type="text" value="First"/>	<input type="text" value="Middle"/>	<input type="text" value=""/>
9.	<input type="text" value="Last"/>	<input type="text" value="First"/>	<input type="text" value="Middle"/>	<input type="text" value=""/>
10.	<input type="text" value="Last"/>	<input type="text" value="First"/>	<input type="text" value="Middle"/>	<input type="text" value=""/>

Scars, Marks, and Tattoos

If you have any identifiable scars, marks, or tattoos you use this section to optionally document them.

Scars, Marks, Tattoos (Up to 10):			
Code Lookup	Code	Description (Alphas & spaces only)	Location (Alphas & spaces only)
1. Enter 3 or more characters and matching options will appear	Code	Description	Location
2. Enter 3 or more characters and matching options will appear	Code	Description	Location
3. Enter 3 or more characters and matching options will appear	Code	Description	Location
4. Enter 3 or more characters and matching options will appear	Code	Description	Location
5. Enter 3 or more characters and matching options will appear	Code	Description	Location
6. Enter 3 or more characters and matching options will appear	Code	Description	Location
7. Enter 3 or more characters and matching options will appear	Code	Description	Location
8. Enter 3 or more characters and matching options will appear	Code	Description	Location
9. Enter 3 or more characters and matching options will appear	Code	Description	Location
10. Enter 3 or more characters and matching options will appear	Code	Description	Location

Click into the first field and begin typing a description of the item you are documenting, such as “tatt” for a tattoo. A popup will appear with suggestions. You can scroll through the suggested options to find the best match.

MEDICAL: IMPLANTS (INCLUDING MICRODERMAL, SUBDERMAL, TRANSDERMAL, BRAILLE TATTOO, BODY MONITORING DEVICE) (IMPLANT)

TATTOOS: ABDOMEN (TAT ABDOM)

TATTOOS: ANKLE, NONSPECIFIC (TAT ANKL)

TATTOOS: ARM, NONSPECIFIC (TAT ARM)

TATTOOS: BACK (TAT BACK)

TATTOOS: BREAST, NONSPECIFIC (TAT BREAST)

TATTOOS: BUTTOCKS, NONSPECIFIC (TAT BUTTK)

TATTOOS: CALF, NONSPECIFIC (TAT CALF)

TATTOOS: CHEEK, NONSPECIFIC (TAT CHEEK)

TATTOOS: CHEST (TAT CHEST)

tatt

Code	Description	Location

The Code field will be automatically filled in based on what you select for Code Lookup. Use the Description and Location fields to give more information on the item.

Scars, Marks, Tattoos (Up to 10):			
Code Lookup	Code	Description (Alphas & spaces only)	Location (Alphas & spaces only)
1. TATTOOS: BUTTOCKS, NONSPECIFIC (TAT BUTTK)	TAT BUTTK	Butterfly	Left
2. SCARS: CALF, NONSPECIFIC (SC CALF)	SC CALF	6" long	right outside calf below knee

Local Permit

If you have received a local permit and know the number, you can use these options to enter that information.

Local Permit:

Permit From

Permit Date

For Permit From, pick a county from the drop down, then type the permit date in the date field.



Originating Company

You can optionally add information on the company that originated the background check request.

Originating Company:

Company Name	<input type="text"/>
Address Street1	<input type="text"/>
Address Street2	<input type="text"/>
Address City	<input type="text"/>
Address State	<input type="text" value="Select State"/>
Address Zip	<input type="text"/>

Emergency Contact Information

If you want to add an emergency contact, use the following sections to include their name and address information.

Emergency Contact:	
First Name	<input type="text"/>
Middle Name	<input type="text"/>
Last Name	<input type="text"/>
Suffix	<input type="text" value="v"/>
Phone	<input type="text" value="xxx-xxx-xxxx"/>
Emergency Contact Address:	
Address Street1	<input type="text"/>
Address Street2	<input type="text"/>
Address City	<input type="text"/>
Address State	<input type="text" value="Select State"/>
Address Zip	<input type="text"/>

Naturalization

If you are a naturalized citizen, you can use the following fields to enter that information. Type the location and the date it occurred.

Naturalization:	
Location	<input type="text"/>
Date	<input type="text" value="mm/dd/yyyy"/>

Previous Conviction

If you've been convicted of a previous offense in the State of Connecticut, please enter information in this section.


Previous Conviction:	
Ever Convicted	<input type="text" value="Select Yes/No..."/>
Conviction Date	<input type="text" value="mm/dd/yyyy"/>
Conviction Place	<input type="text" value="Select Place"/>
Conviction Court	<input type="text" value="Select Court"/>
Conviction Offense	<input type="text"/>

Select Yes, No, or Unknown from the Ever Convicted drop down, then enter the conviction date. Select the county and court from the next two drop downs, and type the offense in the final field.


Submitting Your Information

When you click the Submit button you'll see a confirmation screen.

- If your type of PreEnrollment **does not require** you to pay a fee, or is invoiced, please turn to Final Confirmation & Transaction Number on page 12 to see your confirmation screen.
- If your type of PreEnrollment **requires** you to pay a fee you'll see a confirmation screen like the one shown below that shows the total amount due. **THIS APPLIES TO DDS QUALIFIED PROVIDERS**



Connecticut Criminal History Request System
PreEnrollment



The total charge for submitting your PreEnrollment: \$ 75.00

NOTE: This will take you to a separate site where you can take care of payment.

[**Go Back**](#) [**CONTINUE**](#)

Click the CONTINUE link to go to the external payment processor, or click the Go Back link to make any changes to your PreEnrollment.

Payment

CCHRS uses an external payment processor to take payment. You'll need your credit card information handy to enter it on the screen. The processing screen has fields for entering your name and address information as well as for the credit card number and expiration date.

The screenshot shows the NIC payment processing interface. At the top, there is a progress bar with four steps: 1. Payment Type, 2. Customer Info, 3. Payment, and 4. Submit Payment. The current step is 3. Payment.

Transaction Detail

SKU	Description	Unit Price	Quantity	Amount
1		\$75.00	1	\$75.00
Total				\$75.00

Transaction Summary

	\$75.00
TOTAL	\$75.00

Payment

Payment Type ✓

Credit Card

Customer Information

Country * Complete all required fields [*]


United States

First Name * Last Name *

Fill out the screen completely and hit submit.


Final Confirmation & Transaction Number

If your information was submitted successfully you'll see the word "SUCCESS" in red near the top of the screen.



Connecticut Criminal History Request System

PreEnrollment



[Print](#)

SUCCESS. Your Pre-Enrollment has been submitted.

You will receive an email from the CCHRS system that provides you with your Applicant Tracking Number below. You will need this information at the time fingerprints are taken.

NOTE: Results (PDF Documents) may not be viewable on all devices. For best results, use a desktop or laptop.

Applicant Tracking Number: 21T0001085

BEAR, TEDDY RAWR
DOB: 12/25/1950


It is required to have the applicant tracking number (above) at the time of fingerprinting.
 Submission date/time: 06/15/2021 10:03

[Start a new request](#) || [I am DONE, end this session](#)


If you need to enter an additional subject for PreEnrollment, click "Start a new request" at the bottom of the screen to go back to the screen where you enter the Service Code. If you are done entering subjects, click the "I am DONE, end this session" link.

PreEnrollment Email

An email will be sent to the address you entered on the form containing your tracking number and a bar code for the fingerprint location. See sample tracking number and bar code below:




STATE OF CONNECTICUT
DEPARTMENT OF EMERGENCY SERVICES AND PUBLIC PROTECTION
DIVISION OF STATE POLICE
Bureau of Identification



06/15/2021
BEAR TTTTTC TEDDY

Please present the Applicant Tracking Number below at the fingerprint location. It will identify both the reason for your fingerprint request and the agency or entity receiving the results. You must provide this number in order to be fingerprinted. Please also bring a government issued form of identification.

Applicant Tracking Number: 21T0001086



You need to print off the email to take with you to the fingerprint location.