



State of Louisiana

Live Scan Fingerprint Services

Legal Company Name: _____

Legal Address: _____

Tax ID: _____ *if tax exempt submit exemption certificate

Primary Contact Name: _____

Primary Contact Phone : _____

Primary Contact Email : _____

Secondary Contact Name: _____

Secondary Contact Phone : _____

Secondary Contact Email : _____

The primary contact will receive all NCAC Authorization Codes ordered via the email provided and should be the individual over the fingerprinting/background check process for your organization. Please make sure your organization's IT dept. (or equivalent) adds LAUEPAccounts@US.Idemia.com into a 'whitelist' so delivery of Codes are not blocked by your internet security.

***PLEASE NOTE, if there are any issues with your NCAC account, we will only speak with the contacts listed above.**

Please fax this form back with initial NCAC agreement to **615-993-5983**

***Please note if contact information in the future needs to be changed, it must be done so through email to:**
LAUEPAccounts@US.IDEMIA.com by an established POC.

NCAC's will **only** be issued to the Primary POC listed on the account. All communications such as reorder requests or any other account information requests must be received by either the Primary or Secondary POC on the account.