New Mexico Applicant Registration

IN STATE INSTRUCTIONS

October 2025

APPLICANT REGISTRATION

- ***EXAMPLE OF REGISTRATION WEB PAGE***

NEW MEXICO

Enrollment & Fingerprinting Services

Enrollment for Licensing, Certification, or Employment requirements in New Mexico

IdentoGO by IDEMIA is the leading biometric solutions provider for state and local agencies, specializing in the secure capture and transmission of electronic fingerprints for employment, certification, licensing, and other verification purposes.

Enter your service code to get started.

NM Residents: Enter your service code below to start your enrollment process and schedule an appointment at an in-state enrollment center.

Non-NM Residents: Select Mail in Physical Fingerprint Card option under Additional Services section below.

Don't know your service code? Click here or contact your agency or employer.

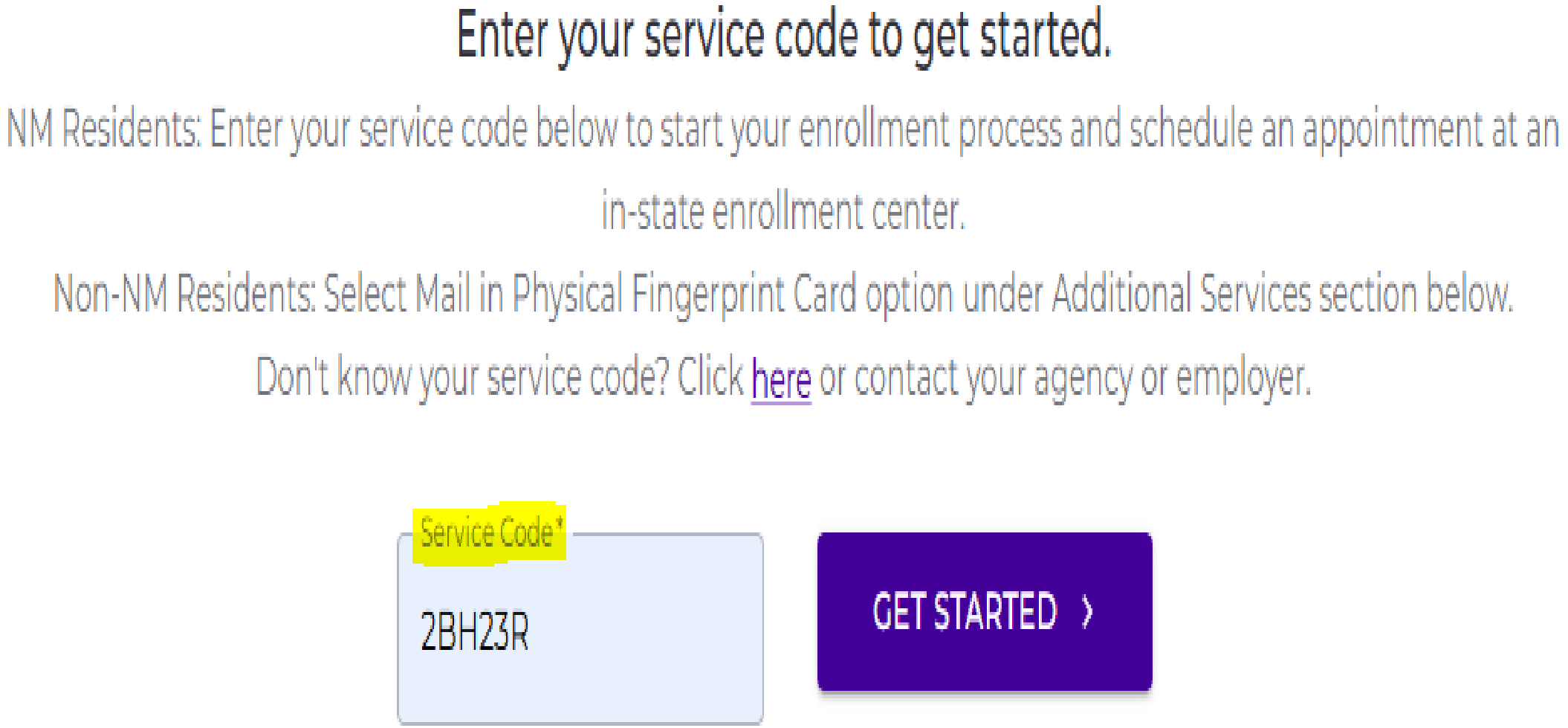
All PED applicants must use **SERVICE CODE 2BH23R**

Service Code*

GET STARTED >

APPLICANT REGISTRATION

- ***Agency Service Code Entry***



APPLICANT VERIFICATION -
MUST BE FOR "TEACHER LICENSURE"
REGARDLESS OF THE TYPE OF LICENSE YOU ARE SEEKING

New Mexico

Enrollment Service Lookup

Based on your inputs, the following service information is available.

AGENCY:

PUBLIC EDUCATION DEPARTMENT

REASON FOR FINGERPRINTING:

22-10-3-3 TEACHER LICENSURE

REVIEWING AGENCY:

NM920140Z - PUBLIC EDUCATION DEPARTMENT

SERVICE CODE:

2BH23R

CANCEL

START ENROLLMENT

START ENROLLMENT

(Scroll to bottom of page for acknowledgement)

PUBLIC EDUCATION DEPARTMENT

22-10-3-3 TEACHER LICENSURE

Fingerprint-Based Criminal History Record Request Authorization and Notification Form

** By signing this authorization, I hereby acknowledge that I consent to the collection and retention of my fingerprints as part of the application / employment / licensing process.

I acknowledge and understand that my fingerprints will be searched against the fingerprint databases maintained by the Federal Bureau of Investigation and the New Mexico Department of Public Safety for the purpose of assessing and reviewing state and national criminal history that may pertain to me directly, pursuant to 28 CFR, Sections 16.30-16.34.

I acknowledge that I have been notified of how to access the procedures to challenge the accuracy or completeness of my record, set forth in Title 28 CFR 16.34 and the Privacy Act Statement.

☐ I acknowledge that I have read, understand, and agree to the above Statement.

DOWNLOAD

CANCEL ENROLLMENT

CONTINUE >

APPLICANT REGISTRATION FORM

PUBLIC EDUCATION DEPARTMENT

22-10-3-3 TEACHER LICENSURE

1 **Personal Information** — 2 Schedule Appointment — 3 Review Enrollment Application — 4 Payment & Confirmation

PERSONAL INFORMATION

* Required fields

Name

Legal name must match exactly on all identification documents brought to enrollment.

First Name*

Middle Name

Last Name*

Suffix

Have you ever used an alias?

○ Yes ◉ No

Have you ever used a maiden or previous name?

○ Yes ◉ No

SSN

Social Security Number

APPLICANT REGISTRATION

Biographic Information

Date of Birth *

Gender *

Hair Color *

Eye Color *

Race *

Height (ft) *

Height (in) *

Weight (lbs) *

Citizenship

Country of Birth *

City of Birth

Country of Citizenship *

APPLICANT REGISTRATION

Citizenship

Country of Birth*

City of Birth

Country of Citizenship*

Residential Address

Country*

Address Line 1*

Address Line 2 (optional)

City*

Postal Code*

Is your residential address and mailing address the same? *

Yes ◉ No ○

Have you lived at your current residential address for more than five (5) years? *

Yes ◉ No ○

APPLICANT REGISTRATION

Employer

Employer Name

Occupation/Position

Employer Address

Country

Address Line 1

Address Line 2 (optional)

City

Postal Code

APPLICANT REGISTRATION

Contact

Remember the email address and phone number below, as they will be used to look-up application information during your in person appointment and to check your status online. **Email is recommended so we can provide a receipt and keep you updated.**

Email *

Confirm Email *

Main Phone Country Code

United States (+1)

Main Phone Number

Alternate Phone Country Code

United States (+1)

Alternate Phone Number

Preferred Method of Contact *

Email

Preferred Language *

CANCEL ENROLLMENT

BACK

CONTINUE

APPLICANT REGISTRATION

- ***SCHEDULE APPOINTMENT:***

WHEN LIST POPULATES CHOOSE THE CLOSEST PRINTING AGENCY NEAR YOU AND THEN SELECT TIME AND DATE

SCHEDULE APPOINTMENT

Please provide missing fields:

- Search value is required

Find a convenient time and place for you to complete your in-person enrollment appointment. If there's no location that's suitable for you, you can mail in a physical fingerprint card.

☐ I would like to mail in a fingerprint card

☐ I have a special location access code

Select a location near you

Search by zipcode, city or airport code*

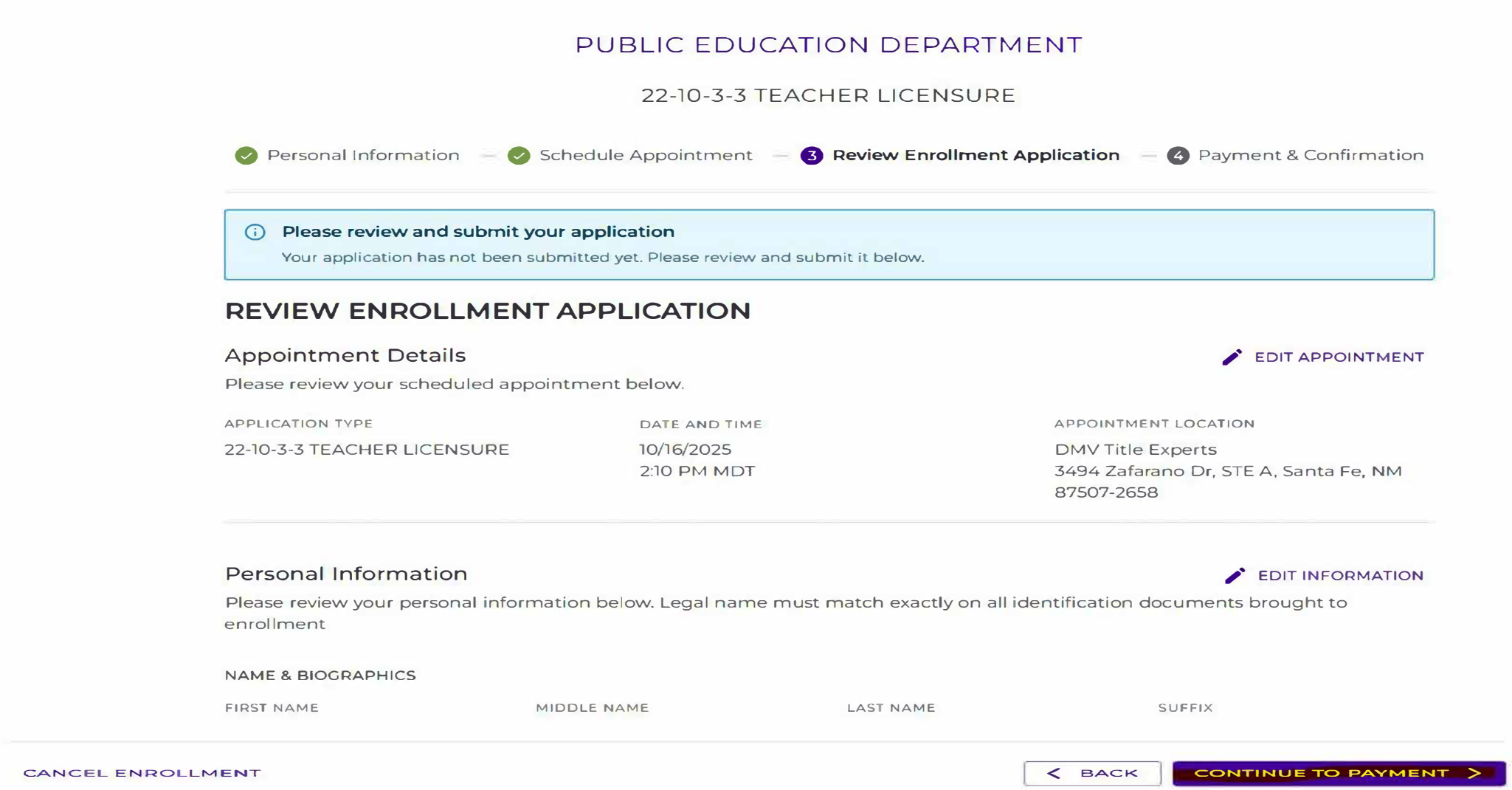
Search value is required

Radius*

25 miles

SEARCH

APPLICANT REGISTRATION



APPLICANT REGISTRATION

PUBLIC EDUCATION DEPARTMENT

22-10-3-3 TEACHER LICENSURE

Personal Information — Schedule Appointment — Review Enrollment Application — 4 Payment & Confirmation

PAYMENT

Please note that payment is required for your enrollment. Credit Card is the preferred method of payment. Cash and personal checks are NOT accepted in-person.

PAYMENT METHOD

- (•) Credit Card
- ( ) eCheck

SERVICES	SERVICE COST
TOTAL	$59.00

Enter any payment vouchers or coupon codes below.

Coupon Code | APPLY

CANCEL ENROLLMENT

BACK | PAY AND SUBMIT