

eFP Enrollment (SWFT+)  
**User Guide Supplement**

**Fingerprint Device Test and Authorization Process**  
STEP-BY-STEP Procedure

**WARNING:** Failure to adhere to critical requirements for fingerprint test transactions may result in suspension of user privileges.

1. Make sure that your Live Scan or Card Scan device is connected to your workstation.
2. **Log into** SWFT at <https://swft.dmdc.mil> and navigate to "Web Enroll".
3. **Navigate to** page Applicant Biographic Data in TAB **WebEnroll**.  
Please refer to an example of test Biographic Data on the next page.
4. **Enter this Last/First Name: Test, Test** <= **CRITICAL REQUIREMENT**
5. Enter the Address (any valid address).
6. Enter the Date of Birth (any valid date).
7. Enter the Place of Birth (select any from the dropdown list).
8. Enter the Citizenship (select any from the dropdown list).
9. Enter the Gender, Race, Height, Weight, Eyes, and Hair (select any from the dropdown list or type any valid entry) **NOTE:** *Height is in the format Feet Inch Inch. I.E. 6' 2" is 602 and 5' 11" is 511.*
10. **Enter a SSN that begins with 9.** <= **CRITICAL REQUIREMENT**  
Example: 9 + date of birth of the test subject => 9MMDDYYYY
11. **Enter the Reason Finger Printed: Test.** <= **CRITICAL REQUIREMENT**
12. Enter the SON (leave default system value or provide any valid entry).
13. Enter the SOI (leave default system value or provide any valid entry).
14. Enter the IPAC (leave default system value or provide any valid entry).
15. Review all entries and correct as needed.
16. Click the **button Next**.
17. Provide all fingerprint images (see the User Training video in section eFP Enrollment (SWFT+) available at <https://www.dmdc.osd.mil/psawebdocs/docPage.jsp?p=SWFT> ).
18. Click the **button Next**.
19. Review all data presented on the page.
20. Click the **button Enroll Transaction**.
21. **Send email notification to the SWFT Coordinator:**  
**TO:** [dmdc.swft@mail.mil](mailto:dmdc.swft@mail.mil)  
**SUBJECT:** Web Enroll Test (UNCLASSIFIED)  
**MESSAGE:** Test submission was completed by: <enter your WebEnroll User ID>.  
Test SSN: <enter the test SSN >
22. SWFT Coordinator reviews the Test submission and forwards to OPM for EBTS compliance check.  
Errors in the Test submission must be corrected and the test may have to be repeated.
23. SWFT Coordinator promotes the device to Production status.

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TEST SAMPLE

Please note that the Name MUST be "Test, Test", the SSN MUST begin with '9' and the Reason Fingerprinted MUST be "Test".

Values in the rest of the test entries are optional, but they must be provided.

**Applicant Biographic Data**

<b>Name</b> Last,First Middle Test, Test		<b>Address</b> Street Address / City / State / Zip 1234 Test St., Test City, CA, 93940		<b>Date of Birth</b> MM DD YYYY 07 18 1971	
<b>Place of Birth</b> Country/State (Select from List)	<b>Citizenship</b> Country (Select from List)	<b>Gender</b> Select From List	<b>Race</b> (Select from List)		
<b>Appearance</b> Height: 602 Weight: 190 Eyes: (Select from List) Hair: (Select from List)		<b>Social Security</b> 907181971		<b>Reason Finger Printed</b> Test	
<b>Additional Information</b> Attention Indicator: EQIP Originating Agency Case No:		<b>Controlling Agency Identifier</b> SON: ???? SOI: ???? IPAC: ????			

Cancel Transaction Next

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