

INSTRUCTIONS FOR COMPLETING REQUEST FOR LIVE SCAN SERVICE APPLICANT SUBMISSION FORM

Be sure to take identification to the live scan site. You must show ID prior to having your fingerprints taken.

The following information **must** be printed or typed on the form. All other spaces on the form should remain blank.

Name of Applicant: Enter your full name.

Alias: Enter any other names you have used.

Date of Birth: You **must** provide your date of birth in order for the Secretary of State's Office to process your background check.

Sex: Gender (male or female)

Height

Weight

Eye Color

Hair Color

Place of Birth

SOC: Social Security Number.

Driver's License No.: California driver's license number. If you do not have a California driver's license, enter other identifying numbers such as another state driver's license number or California ID card number.

Agency Billing No.: Please be prepared to pay the fingerprint processing fee and the rolling fee at the live scan site (cash, check or money order). Be sure to call the live scan site to determine the acceptable type of payment and the amount of the required fee.

Agency/OCA No.: Enter your driver's license number or birth date.

IMPORTANT: Retain one copy of the Request for Live Scan Service form for your records in case you need to have your prints retaken. This copy will serve as your proof that you have paid the fingerprint processing fee so you will not be required to pay again. You may, however, be required to pay for the rolling fee.

REQUEST FOR LIVE SCAN SERVICE
Applicant Submission

ORI: A0084 Type of Application: LICENSE CERT OR PERMIT
Code assigned by DOJ

Job Title or Type of License, Certification or Permit: NOTARY PUBLIC 8201.1 GC

Agency Address Set Contributing Agency:

CASGSECRETARY OF STATE 03690
Agency authorized to receive criminal history information Mail Code (five digit code assigned by DOJ)

1500 11TH STREET 2ND FLOOR
Street No. Street or P.O. Box Contact Name (Mandatory for all school submissions)

SACRAMENTO CA 95814 ()
City State Zip Code Contact Telephone No.

Name of Applicant: _____
(please print) Last First MI

Alias: _____ Driver's License No. _____
Last First

Date of Birth: _____ SEX: Male Female Misc. No. **BIL** - APPLICANT MUST PAY AT LIVE SCAN SITE
Agency Billing Number

Height: _____ Weight: _____ Misc. No: _____

Eye Color: _____ Hair Color: _____ Home Address: _____
Street or P.O. Box

Place of Birth: _____
City, State and Zip Code

SOC: _____

Your Number: _____ Level of Service DOJ FBI
OCA No.

If resubmission, list Original ATI No. _____

Employer: (Additional response for agencies specified by statute)

Employer Name

Street No. Street or P.O. Box Mail Code (five digit code assigned by DOJ)

City State Zip Code () Agency Telephone No. (optional)

Live Scan Transaction Completed By: _____ Date: _____
Name of Operator

Transmitting Agency ATI No. Amount Collected/Billed