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
· ·	it:	NOTARY PUBLIC 8201.1 GC
Agency Address Set Contributing Agency:		
CASGSECRETARY OF STATE 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 City State	95814 Zip Code	() Contact Telephone No.
Name of Applicant:		
		First MI
Alias: Last First		Driver's License No.
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:		Street or P.O. Box
SOC:		City, State and Zip Code
Your Number:OCA No.		Level of Service X DOJ X FBI
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:		
		<u> </u>
Transmitting Agency	ATI No.	Amount Collected/Billed