

**INSTRUCTIONS FOR COMPLETING A  
REQUEST FOR LIVE SCAN SERVICE FORM  
(California Residents)**

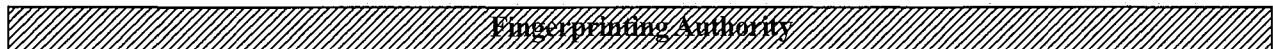
The following instructions are provided to assist applicants in completing this form accurately. Please follow all instructions and print clearly; failure to do so may result in processing delays of your application.

1. **NAME OF APPLICANT:** Enter last name, first name and middle name. Do not use initials or abbreviations.
2. **ALIAS:** Enter all other names used by applicant, including maiden names.
3. **DRIVER'S LICENSE NO.:** Enter California driver's license number.
4. **DOB:** Date of birth (month/day/year).
5. **SEX:** Gender (male/female).
6. **HEIGHT:** Height in feet and inches.
7. **WEIGHT:** Weight in pounds.
8. **MISC. NO.:** Enter other identifying numbers (e.g., other state driver's license number).
9. **EYE COLOR:** Color of eyes.
10. **HAIR COLOR:** Color of hair.
11. **HOME ADDRESS:** Residence address.
12. **PLACE OF BIRTH:** Enter place of birth.
13. **SOC:** Enter Social Security Number.

**Take the completed form** to your nearest Live Scan site for fingerprint scanning. An up-to-date Live Scan site list is on the Department of Justice's (DOJ) Internet web page at <http://ag.ca.gov/fingerprints/publications/contact.htm> or call a local police or sheriff's department.

Contact the live scan service for hours of operation, an appointment (if necessary), acceptable forms of payment and identification requirements. Be prepared to pay **ALL applicable fees** (DOJ processing fee of \$32, FBI processing fee of \$24 and fingerprint scanning service fee, ranging from \$5 to \$20).

**The lower portion of the Request for Live Scan Service form must be completed by the live scan operator.** The original form is retained by the scanning service; the second copy is to be attached to your application and submitted to the Board; and, the third copy is for your records.



Section 11105(b)(9) of the Penal Code authorizes the Board of Chiropractic Examiners to require an applicant for licensure to furnish a full set of fingerprints for purposes of conducting criminal history record checks.

**REQUEST FOR LIVE SCAN SERVICE**

BCII 8016 (3/07)

**Applicant Submission**

ORI: A0014 Type of Application: LICENSE

Code assigned by DOJ

Job Title or Type of License, Certification or Permit: CHIROPRACTIC

Agency Address Set Contributing Agency:

BOARD OF CHIROPRACTIC EXAMINERS

09033

Agency authorized to receive criminal history information

Mail Code (five-digit code assigned by DOJ)

901 P STREET, SUITE 142A

Contact Name (Mandatory for all school submissions)

Street No. Street or PO Box

SACRAMENTO CA 95814

( 916 ) 263-5355

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 FEES  
Agency Billing Number

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Misc. Number: \_\_\_\_\_

Home Address:

Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_  
Street No. Street or PO Box

Place of Birth: \_\_\_\_\_  
City, State and Zip Code

Social Security Number: \_\_\_\_\_

Your Number: N/A  
OCA No. (Agency Identifying No.)

Level of Service:  DOJ  FBI

If resubmission, list Original ATI Number: \_\_\_\_\_

Employer: (Additional response for agencies specified by statute)

N/A  
Employer Name

N/A  
Street No. Street or PO Box

N/A  
Mail Code (five digit code assigned by DOJ)

N/A  
City State Zip Code

( )  
Agency Telephone No. (optional)

Live Scan Transaction Completed By: \_\_\_\_\_  
Name of Operator Date

Transmitting Agency ATI No. Amount Collected/Billed