

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.

**Fingerprinting Authority**

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

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)

2525 Natomas Park Drive, Suite 260 Licensing
Street No. Street or P.O. Box Contact Name (Mandatory for all school submissions)

Sacramento CA 95833-2931 (916) 263-5355
City State Zip Code Contact Telephone No.

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

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

Date of Birth: _____ Sex: Male Female Misc. No. BIL - Applicant Must Pay Fees
Agency Billing Number (if applicable)

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: N/A Level of Service DOJ FBI
OCA No. (Agency Identifying No.)

If resubmission, list Original ATI No. _____

Employer: (Additional response for agencies specified by statute)

N/A
Employer Name

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

N/A () N/A
City State Zip Code Agency Telephone No. (Optional)

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

Transmitting Agency ATI No. Amount Collected/Billed

REQUEST FOR LIVE SCAN SERVICE

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:

<u>Board of Chiropractic Examiners</u>		<u>09033</u>
Agency authorized to receive criminal history information		Mail Code (five digit code assigned by DOJ)
<u>2525 Natomas Park Drive, Suite 260</u>		<u>Licensing</u>
Street No.	Street or P.O. Box	Contact Name (Mandatory for all school submissions)
<u>Sacramento</u>	<u>CA</u>	<u>(916) 263-5355</u>
City	State	Zip Code
		Contact Telephone No.

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

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

Date of Birth: _____ Sex: Male Female Misc. No. BIL - Applicant Must Pay Fees
Agency Billing Number (if applicable)

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: N/A Level of Service DOJ FBI
OCA No. (Agency Identifying No.)

If resubmission, list Original ATI No. _____

Employer: (Additional response for agencies specified by statute)

<u>N/A</u>		<u>N/A</u>
Employer Name		Mail code (five digit code assigned by DOJ)
<u>N/A</u>	<u>N/A</u>	<u>() N/A</u>
Street No.	Street or P.O. Box	Agency Telephone No. (Optional)
<u>N/A</u>	<u>N/A</u>	
City	State	Zip Code

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Name of Operator

Transmitting Agency _____ ATI No. _____ Amount Collected/Billed _____

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Sacramento CA 95833-2931 (916) 263-5355
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(please print) Last First Middle

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Agency Billing Number (if applicable)

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: N/A Level of Service DOJ FBI
OCA No. (Agency Identifying No.)

If resubmission, list Original ATI No. _____

Employer: (Additional response for agencies specified by statute)

N/A
Employer Name

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

N/A () N/A
City State Zip Code Agency Telephone No. (Optional)

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

Transmitting Agency

ATI No.

Amount Collected/Billed