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.

(Est. 3/02)

State of California | Department of Justice

REQUEST FOR LIVE SCAN SERVICE

BCII 8016 (3/07)

Applicant Submission

ORI: A0014 (Code assigned by DOJ)

Type of Application: LICENSE

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

Agency Address Set Contributing Agency:

BOARD OF CHIROPRACTIC EXAMINERS
Agency authorized to receive criminal history information

09033
Mail Code (five-digit code assigned by DOJ)

901 P STREET, SUITE 142A
Street No. Street or PO Box

Contact Name (Mandatory for all school submissions)

SACRAMENTO CA 95814
City State Zip Code

(916) 263-5355
Contact Telephone No.

Name of Applicant: (Please print) Last First MI

Alias: Last First

Driver's License No:

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

ORIGINAL – Live Scan Operator; SECOND COPY – Applicant; THIRD COPY (if needed) – Requesting Agency