

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 <https://oag.ca.gov/fingerprints/locations> 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**.

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.

Please reference California Code of Regulations, Section 321.1, regarding the Board's requirements.

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: _____

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

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Agency Telephone No. (optional)

Live Scan Transaction Completed By: _____
Name of Operator Date

Transmitting Agency ATI No. Amount Collected/Billed