

## INSTRUCTIONS FOR LIVE SCAN FINGERPRINTING

Live Scan Fingerprinting is meant for anyone living within California. Live Scan fingerprint results will be submitted to the **Department of Justice (DOJ) and the Federal Bureau of Investigation (FBI)** electronically.

### **Fingerprint Fees**

DOJ FINGERPRINT PROCESSING FEE: \$32.00  
FBI FINGERPRINT PROCESSING FEE: \$19.00

**In addition to these processing fees, there may be a service charge associated with the Live Scan site you visit.** The Live Scan service site will collect the above fees at the time you are fingerprinted. Be aware that the Live Scan service charge may vary from location to location

### **Complete the Request for Live Scan Service Form**

You must complete and submit the enclosed *Request for Live Scan Service* form at the Live Scan site. Once your fingerprints have been scanned, the Live Scan Operator will complete Box 6 of this form and return the second and third copies to you.

**The second copy of this form, with Box 6 completed by the Live Scan Operator, must be MAILED to the BBS in order to retrieve your fingerprint results from DOJ.**

Retain the third copy for your records as a proof of payment.

### **Live Scan Fingerprint Locations**

You must visit an approved Live Scan Service Site. Most local Police and Sheriff Departments offer the Live Scan fingerprinting service. Some large school districts, passport services, and stores with generalized fingerprinting expertise may offer Live Scan also. A current listing of Live Scan sites is available on the DOJ website at <http://ag.ca.gov/fingerprints/publications/contact.php>

**Consider calling the Live Scan service provider for hours of operation, fees, and appointment times if necessary.** You must present valid photo identification (i.e., driver's license, military ID, or passport) at the Live Scan site.

## **Filling Out Your Live Scan Form**

- You must complete all items, which are marked by a black “X”.
- To facilitate prompt and accurate processing, please **TYPE or print legibly**

**Box 1:** Job Title or Type of License, Certification or Permit (APP Title) - Circle the applicable license, registration, or registration you are applying for with the BBS. If you are a Licensee with multiple licenses, only circle your most used license type. Your fingerprint results will be put towards ALL licenses you hold. You will not need to pay and/or be fingerprinted for each individual license you hold. **ONLY CIRCLE ONE LICENSE TYPE.**

**Box 2:** This section is already completed.

**Box 3:** Name of Applicant - Enter your full name

Alias - Indicate all other names used

Date of Birth - Indicate your month/day/year of birth

Sex - Place an “X” in the appropriate box

Height - Indicate your height in feet and inches

Weight - Indicate your weight in pounds (lbs.)

Eye Color - Indicate eye color abbreviation:

**BLK** - Black    **GRY** - Gray    **MAR** - Maroon    **BLU** - Blue    **GRN** - Green  
**PNK** - Pink    **BRO** - Brown    **HAZ** - Hazel    **MUL** - Multicolor

Hair Color - Indicate hair color abbreviation:

**BAL** - Bald    **BRO** - Brown    **SDY** - Sandy    **BLK** - Black  
**GRY** - Gray    **WHI** - White    **BLN** - Blonde    **RED** - Red

Place of Birth - Indicate the state or country of birth

Social Security Number - Enter your social security number

Driver's License No - Enter your Driver's license number if you have one

Address - Enter a mailing address of your choice. You may use a business address, your home address, or any current address. This address will not be viewable by the public, and will be used solely for the BBS' records.

**Box 4:** Enter your current BBS license or registration number. Enter all that apply. If you are a brand new applicant and do not currently hold an identifying number, leave this line blank.

The Original ATI No. is only used for a second fingerprinting due to a prior fingerprint rejection. The ATI No. allows you to be re-fingerprinted without paying the DOJ and FBI processing fee (service charges may still apply.)

**Box 5:** Leave this section blank

**Box 6:** To be completed by the Live Scan operator

BOX 1

ORI: A0462

Type of Application: LIC/CERT/PERMIT RENEWAL

\*\*\*\*\*THIS MESSAGE IS MEANT FOR THE **LIVE SCAN TECHNICIAN**\*\*\*\*\*  
SPELL OUT THE CIRCLED **APP TITLE** WORD FOR WORD - ONLY ENTER ONE TITLE!!!

Job Title or Type of License, Certification or Permit (APP Title):

**Marriage and Family Therapist**

**Clinical Social Worker**

**Educational Psychologist**

BOX 2

Mail Code: 01484

Agency Address Set Contributing Agency

**Board of Behavioral Sciences**  
**1625 North Market Blvd. Suite S-200**  
**Sacramento, CA 95834**

Contact Name: **Ellen Viegas**  
Contact Phone: **(916) 574-7833**

BOX 3

Name of Applicant: **X** \_\_\_\_\_  
(Please print) Last First MI

Alias: **X** \_\_\_\_\_ Driver's License No: \_\_\_\_\_  
Last First

Date of Birth: **X** \_\_\_\_\_ SEX: **X**  Male  Female Misc. No. BIL: **APPLICANT MUST PAY**

Height: **X** \_\_\_\_\_ Weight: **X** \_\_\_\_\_

Eye Color: **X** \_\_\_\_\_ Hair Color: **X** \_\_\_\_\_ Address: \_\_\_\_\_  
Street No.

Place of Birth: **X** \_\_\_\_\_ City State Zip

Social Security Number: **X** \_\_\_\_\_

BOX 4

Your Number \_\_\_\_\_  
BBS File Number (Example: 103123)

BBS Applicant: Please mail a copy  
of this form to the address in Box 2  
upon completion.

If resubmission, list Original ATI No. \_\_\_\_\_ Level of Service  DOJ  FBI

BOX 5

Employer: (Additional response for agencies specified by statute)

**LEAVE THIS SECTION BLANK**

Employer Name \_\_\_\_\_

Street No. \_\_\_\_\_

Mail Code (assigned by DOJ) \_\_\_\_\_

City State Zip \_\_\_\_\_

Agency Telephone No. \_\_\_\_\_

BOX 6

Live Scan Transmission Completed By: \_\_\_\_\_ Date: \_\_\_\_\_

Transmitting Agency \_\_\_\_\_

ATI No. \_\_\_\_\_

Amount Collected/Billed \_\_\_\_\_

**BOX 1**

ORI: A0462

Type of Application: LIC/CERT/PERMIT RENEWAL

\*\*\*\*\*THIS MESSAGE IS MEANT FOR THE **LIVE SCAN TECHNICIAN**\*\*\*\*\*  
SPELL OUT THE CIRCLED **APP TITLE** WORD FOR WORD - ONLY ENTER ONE TITLE!!!

Job Title or Type of License, Certification or Permit (APP Title):

**Marriage and Family Therapist**

**Clinical Social Worker**

**Educational Psychologist**

**BOX 2**

Mail Code: 01484

Agency Address Set Contributing Agency  
**Board of Behavioral Sciences**  
**1625 North Market Blvd. Suite S-200**  
**Sacramento, CA 95834**

Contact Name: **Ellen Viegas**  
Contact Phone: **(916) 574-7833**

**BOX 3**

Name of Applicant: **X** \_\_\_\_\_  
(Please print) Last First MI

Alias: **X** \_\_\_\_\_ Driver's License No: \_\_\_\_\_  
Last First

Date of Birth: **X** \_\_\_\_\_ SEX: **X**  Male  Female Misc. No. BIL: **APPLICANT MUST PAY**

Height: **X** \_\_\_\_\_ Weight: **X** \_\_\_\_\_

Eye Color: **X** \_\_\_\_\_ Hair Color: **X** \_\_\_\_\_

Address: \_\_\_\_\_  
Street No.

Place of Birth: **X** \_\_\_\_\_  
City State Zip

Social Security Number: **X** \_\_\_\_\_

BBS Applicant: Please mail a copy of this form to the address in Box 2 upon completion.

**BOX 4**

Your Number \_\_\_\_\_  
BBS File Number (Example: 103123)

If resubmission, list Original ATI No. \_\_\_\_\_ Level of Service  DOJ  FBI

**BOX 5**

Employer: (Additional response for agencies specified by statute)

**LEAVE THIS SECTION BLANK**

Employer Name \_\_\_\_\_

Street No. \_\_\_\_\_

Mail Code (assigned by DOJ) \_\_\_\_\_

City State Zip \_\_\_\_\_

Agency Telephone No. \_\_\_\_\_

**BOX 6**

Live Scan Transmission Completed By: \_\_\_\_\_ Date: \_\_\_\_\_

Transmitting Agency \_\_\_\_\_

ATI No. \_\_\_\_\_

Amount Collected/Billed \_\_\_\_\_

**BOX 1**

ORI: A0462

Type of Application: LIC/CERT/PERMIT RENEWAL

\*\*\*\*\*THIS MESSAGE IS MEANT FOR THE **LIVE SCAN TECHNICIAN**\*\*\*\*\*  
SPELL OUT THE CIRCLED **APP TITLE** WORD FOR WORD - ONLY ENTER ONE TITLE!!!

Job Title or Type of License, Certification or Permit (APP Title):

**Marriage and Family Therapist**

**Clinical Social Worker**

**Educational Psychologist**

**BOX 2**

Mail Code: 01484

Agency Address Set Contributing Agency

**Board of Behavioral Sciences**  
**1625 North Market Blvd. Suite S-200**  
**Sacramento, CA 95834**

Contact Name: **Ellen Viegas**  
Contact Phone: **(916) 574-7833**

**BOX 3**

Name of Applicant: **X** \_\_\_\_\_  
(Please print) Last First MI

Alias: **X** \_\_\_\_\_ Driver's License No: \_\_\_\_\_  
Last First

Date of Birth: **X** \_\_\_\_\_ SEX: **X**  Male  Female Misc. No. BIL: **APPLICANT MUST PAY**

Height: **X** \_\_\_\_\_ Weight: **X** \_\_\_\_\_

Eye Color: **X** \_\_\_\_\_ Hair Color: **X** \_\_\_\_\_ Address: \_\_\_\_\_  
Street No.

Place of Birth: **X** \_\_\_\_\_ City State Zip

Social Security Number: **X** \_\_\_\_\_

**BOX 4**

Your Number \_\_\_\_\_  
BBS File Number (Example: 103123)

BBS Applicant: Please mail a copy of this form to the address in Box 2 upon completion.

If resubmission, list Original ATI No. \_\_\_\_\_ Level of Service  DOJ  FBI

**BOX 5**

Employer: (Additional response for agencies specified by statute)

**LEAVE THIS SECTION BLANK**

Employer Name \_\_\_\_\_

Street No. \_\_\_\_\_

Mail Code (assigned by DOJ) \_\_\_\_\_

City State Zip \_\_\_\_\_

Agency Telephone No. \_\_\_\_\_

**BOX 6**

Live Scan Transmission Completed By: \_\_\_\_\_ Date: \_\_\_\_\_

Transmitting Agency \_\_\_\_\_

ATI No. \_\_\_\_\_

Amount Collected/Billed \_\_\_\_\_