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: $17.00

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

To facilitate prompt and accurate processing, please **TYPE or print legibly**

**SECTION 1:**

*Job Title or Type of License, Certification or Permit*

Check the box for the applicable license, or registration you are applying for with the BBS. If you are a Licensee with multiple licenses, only check 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. **CHECK THE BOX FOR ONLY ONE LICENSE TYPE.**

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

**SECTION 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:

<table>
<thead>
<tr>
<th>BLK - Black</th>
<th>GRY - Gray</th>
<th>MAR - Maroon</th>
<th>BLU - Blue</th>
<th>GRN - Green</th>
</tr>
</thead>
<tbody>
<tr>
<td>PNK – Pink</td>
<td>BRO - Brown</td>
<td>HAZ - Hazel</td>
<td>MUL - Multicolor</td>
<td></td>
</tr>
</tbody>
</table>

*Hair Color:* Indicate hair color abbreviation:

<table>
<thead>
<tr>
<th>BAL - Bald</th>
<th>BRO - Brown</th>
<th>SDY - Sandy</th>
<th>BLK - Black</th>
</tr>
</thead>
<tbody>
<tr>
<td>GRY - Gray</td>
<td>WHI - White</td>
<td>BLN - Blonde</td>
<td>RED - Red</td>
</tr>
</tbody>
</table>

*Place of Birth:* Indicate the state or country of birth

*Social Security Number:* Enter your SSN or Taxpayer ID 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.
SECTION 4:
Your number:
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.

If resubmission, list the Original ATI No.
This 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.)

SECTION 5: Leave this section blank.

SECTION 6: To be completed by the Live Scan operator.
## SECTION 1

**ORI:** A0462  
Type of Application: LIC/CERT/PERMIT RENEWAL  
(Code assigned by DOJ)

Job Title or Type of License, Certification or Permit: (Only One Title)
- Marriage and Family Therapist
- Clinical Social Worker
- Educational Psychologist
- Professional Clinical Counselor

## SECTION 2

Agency Address Set Contributing Agency  
Board of Behavioral Sciences  
1625 North Market Blvd. Suite S-200  
Sacramento, CA 95834  
Mail Code: 13848  
Contact Name: Fingerprint Unit  
Contact Phone: (916) 574-7859

## SECTION 3

Name of Applicant: ___________________________________________  
(Please print)  
Last: ____________  
First: ____________  
MI: ____________________  
Alias: ________________________________________________________  
Driver’s License No: ____________________

Date of Birth: _____________  
SEX:  
- Male  
- Female  
Misc. No. BIL: APPLICANT MUST PAY  
Agency Billing Number

Height: ____________________  
Weight: ____________________  
Eye Color: _______________  
Hair Color: _______________  
Address: ____________________________________________________  
Street No.  
City: ____________  
State: ____________  
Zip: ____________  
Social Security Number: ________________________________

## SECTION 4

Your Number ________________________________  
BBS File Number (Example: 103123)

If resubmission, list Original ATI No. ____________________  
Level of Service  
- DOJ  
- FBI

## SECTION 5

Employer: (Additional response for agencies specified by statute)  
LEAVE THIS SECTION BLANK

## SECTION 6

Live Scan Transmission Completed By: ______________________________  
Date: ____________________  
Transmitting Agency: ______________________________  
ATI No: ____________________  
Amount Collected/Billed: ____________________

ORIGINAL- Live Scan Operator  
SECOND COPY- Requesting Agency  
THIRD COPY- Applicant
State of California  
REQUEST FOR LIVE SCAN SERVICE  
BCII 8016 (1/11)

LICENSEE

SECTION 1

ORI: A0462  
(type assigned by DOJ)

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

☐ Marriage and Family Therapist  ☐ Clinical Social Worker

☐ Educational Psychologist  ☐ Professional Clinical Counselor

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1625 North Market Blvd. Suite S-200  
Sacramento, CA 95834

Mail Code: 13848

Contact Name: Fingerprint Unit

Contact Phone: (916) 574-7859

SECTION 3

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

Agency Billing Number

Height: ___________________  Weight: ___________________

Eye Color: _______________  Hair Color: _______________  Address: _______________________ ___________________

Street No.  City  State  Zip

Social Security Number: _______________________________

SECTION 4

Your Number _________________________  BBS Licensee/Registrant: Please mail a copy of

BBS File Number (Example: 103123) this form to the address in Box 2 upon completion.

If resubmission, list Original ATI No. _______________  Level of Service ☒ DOJ ☒ FBI

SECTION 5

Employer: (Additional response for agencies specified by statute)

LEAVE THIS SECTION BLANK

Employer Name __________________________________________

Street No. __________________________________________ Street or PO Box

Mail Code (assigned by DOJ) __________________________________________

City  State  Zip Code

Agency Telephone No. (optional) __________________________________________

SECTION 6

Live Scan Transmission Completed By: ____________________________  Date: ______________

Transmitting Agency __________________________________________ ATI No. ___________________

Amount Collected/Billed __________________________

ORIGINAL- Live Scan Operator  SECOND COPY- Requesting Agency  THIRD COPY- Applicant

37A-650 (Rev. 7/11)
STATE OF CALIFORNIA
REQUEST FOR LIVE SCAN SERVICE
BCII 8016 (1/11)

LICENSEE

SECTION 1

ORI: _A0462_ Type of Application: LIC/CERT/PERMIT RENEWAL
(Code assigned by DOJ)

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

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

Mail Code: 13848

Contact Name: Fingerprint Unit
Contact Phone: (916) 574-7859

SECTION 3

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

Agency Billing Number

Height: __________________ Weight: __________________

Eye Color: _______________ Hair Color: _______________ Address: __________________________

Place of Birth: _______________________________________ Street No.

City State Zip

Social Security Number: _______________________________

SECTION 4

Your Number _______________________________ BBS Licensee/Registrant: Please mail a copy of
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Employer Name

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Mail Code (assigned by DOJ)

City State Zip Code

Agency Telephone No. (optional)

SECTION 6

Live Scan Transmission Completed By: _______________________________ Date: __________________

Transmitting Agency _________________ ATI No. _________________ Amount Collected/Billed

ORIGINAL- Live Scan Operator SECOND COPY- Requesting Agency THIRD COPY- Applicant