

COMPLETE THE ENCLOSED "REQUEST FOR LIVE SCAN SERVICE APPLICANT SUBMISSION FORM". 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.

- **Your name must be identical to that submitted on your application.**
- All applicants must complete all items which are marked by a black "X".
- To facilitate prompt and accurate processing, please **TYPE or print legibly** all requested information.

Box 1:

Job Title of Type of License, Certification or Permit - Place an "X" in the box next to the license type for which you are applying (i.e., vocational nurse license or psychiatric technician license).

Box 2: No action required.

Box 3:

Name of Applicant - Indicate your complete name, identical to that submitted on your application

AKA's - Indicate all other names used (i.e., maiden name, previous married names, and/or alias names)

DOB - Indicate your month/day/year of birth

Sex - Place an "X" in the appropriate box (i.e., Male or Female)

HT - Indicate your height in feet and inches using a three-digit code (first digit = feet, second and third digits = inches)

EXAMPLE: 5 feet 9 inches = 509

WT - Indicate your weight in pounds

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 code abbreviation:

BAL - Bald

BRO - Brown

SDY - Sandy

BLK - Black

GRY - Gray

WHI - White

BLN - Blonde

RED - Red

POB - Indicate the state or country of birth

SOC - Enter your social security number

CDL - Enter your California Driver's license number

Box 4:

Level of Service - If you are submitting fingerprints with your initial application to the Board, indicate both DOJ and FBI by placing an "X" in each box. If you have previously submitted fingerprint cards which have been rejected, the appropriate information will be entered by Board staff.

Box 5: No action required.

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

REMEMBER, THE THIRD COPY OF THE FORM MUST BE SUBMITTED TO THE BOARD WITH YOUR APPLICATION IN ORDER FOR THE BOARD TO RETRIEVE YOUR CRIMINAL HISTORY REPORT FROM DOJ.



IMPORTANT FINGERPRINT INFORMATION
PLEASE READ CAREFULLY

The Board requires a Department of Justice (DOJ) and Federal Bureau of Investigation (FBI) criminal history background check on all applicants for vocational nurse and psychiatric technician licensure.

There are currently two methods available for submitting fingerprints, applicant live scan, or the ten-print (hard card) applicant fingerprint card. Applicants should review the following information carefully to determine the appropriate method.

1. Applicant Live Scan

Applicant Live Scan is a system for the electronic submission of fingerprints. DOJ is able to process up to 95% of live scan applicant fingerprint submissions in 72 hours or less. In those instances where a complete record is not available or manual processing is required, additional time is needed for a response.

If you currently reside in or near the State of California, the DOJ requires that you use Live Scan to submit your fingerprints. Please use the enclosed ***Request For Live Scan Service Applicant Submission form. (Form BCII 8016)***. Carefully follow the enclosed instructions for obtaining live scan fingerprints.

2. Ten-Print "Hard Card" Applicant Fingerprint Card

The Applicant Live Scan process is currently only available within the State of California. If you reside outside of the State of California, you must use the "hard card" fingerprint method. **Please be advised that the DOJ processing time for hard card fingerprints is a minimum of 8 to 12 weeks, or longer.**

If there are no fingerprint cards enclosed, please contact the Board office as soon as possible and request that the "hard card" fingerprint cards be mailed to you.

A LICENSE WILL NOT BE ISSUED UNTIL THE BOARD RECEIVES THE BACKGROUND INFORMATION FROM THE DOJ.

REQUEST FOR LIVE SCAN SERVICE

BCII 8016 (3/07)

Applicant Submission

ORI: _____ Type of Application: _____
Code assigned by DOJ
 Job Title or Type of License, Certification or Permit: _____

Agency Address Set Contributing Agency:

Agency authorized to receive criminal history information

Mail Code (five-digit code assigned by DOJ)

Street No. Street or PO Box

Contact Name (Mandatory for all school submissions)

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 - _____
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: _____
OCA No. (Agency Identifying No.)

Level of Service: DOJ FBI

If resubmission, list Original ATI Number: _____

Employer: (Additional response for agencies specified by statute)

Employer Name

Street No. Street or PO Box

Mail Code (five digit code assigned by DOJ)

City State Zip Code

()
Agency Telephone No. (optional)

Live Scan Transaction Completed By: _____
Name of Operator Date

Transmitting Agency ATI No. Amount Collected/Billed

REQUEST FOR LIVE SCAN SERVICE

BCII 8016 (3/07)

Applicant Submission

ORI: _____ Type of Application: _____
Code assigned by DOJ
 Job Title or Type of License, Certification or Permit: _____

Agency Address Set Contributing Agency:

Agency authorized to receive criminal history information

Mail Code (five-digit code assigned by DOJ)

Street No. Street or PO Box

Contact Name (Mandatory for all school submissions)

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 - _____
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: _____
OCA No. (Agency Identifying No.)

Level of Service: DOJ FBI

If resubmission, list Original ATI Number: _____

Employer: (Additional response for agencies specified by statute)

Employer Name

Street No. Street or PO Box

Mail Code (five digit code assigned by DOJ)

City State Zip Code

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Contact Name (Mandatory for all school submissions)

City State Zip Code

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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 - _____
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: _____
OCA No. (Agency Identifying No.)

Level of Service: DOJ FBI

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