



STATE BOARD OF OPTOMETRY
 2450 DEL PASO ROAD, SUITE 105, SACRAMENTO, CA 95834
 P (916) 575-7170 F (916) 575-7292 www.optometry.ca.gov



FACT SHEET
FINGERPRINTING INFORMATION FOR APPLICANTS AND REQUEST FOR LIVE SCAN FORM
(NOT RENEWALS)

Pursuant to Business and Professions Code §144, all applicants for an optometric license are required to furnish the State Board of Optometry (Board) a full set of fingerprints for purposes of conducting criminal history record checks. The Board may obtain and receive, at its discretion, criminal history information from the Department of Justice (DOJ) and the United States Federal Bureau of Investigation (FBI).

CALIFORNIA RESIDENTS:

There are two methods available for completing the fingerprint requirement. The first method is Live Scan and must be used for optometrists residing in California. The second method for optometrists not residing in California is the completion and submission of a fingerprint card (hard card). Instructions for obtaining and completing both methods are found below.

Method 1 - Live Scan Process (California residents only)

If you reside in California, you must use a Live Scan service. At the Live Scan site, your fingerprints will be electronically scanned and transmitted immediately to the DOJ and FBI for processing. Begin by following the instructions below.

Complete the "Request for Live Scan Service Form" (see enclosed).

Complete all areas on the form marked with an asterisk (*) and print three copies. Take all three copies of the form to the Live Scan site.

After your fingerprints are scanned:

The 1st copy of the form is for the Live Scan operator's records

The 2nd copy of form should be attached to your renewal application and mailed to the Board at the address provided above

The 3rd copy of form is for your records

Visit <http://ag.ca.gov/fingerprints/publications/contact.htm> to locate Live Scan sites. Most local law enforcement agencies in California provide Live Scan service. Hours of operation and fees may vary so please contact the Live Scan site directly for information. **The Board can only accept Live Scans completed in California.**

Method 2 – Manual Fingerprint Card (hard card, non-California residents only)

For non-California residents who must submit a manual fingerprint card (hard card), you may submit a request in writing for the 8" x 8" fingerprint card (FD-258 or BID-7) to the Board at, 2450 Del Paso Rd., Suite 105, Sacramento, CA 95834, or via facsimile at (916) 575-7292. You may also request one by calling (916) 575-7170. Instructions for completing and submitting the manual fingerprint card are located on the Board's website at <http://www.optometry.ca.gov/faqs/fingerprint.shtml>.

Failure to submit a full set of fingerprints will make your license ineligible for renewal and may be grounds for discipline by the Board.

If you are unable to download this form, please contact the Board and request that this form be sent to you.

There is a one-time processing of your fingerprints in order to maintain a current and active California optometrist's license. The current processing fee is \$49.00 (DOJ - \$32.00, FBI - \$17.00). In addition, a print "rolling" fee of \$5.00 to \$45.00 will be required at the fingerprint site. Since this fee varies widely among locations, you may want to review the cost before going to a Live Scan site. Be sure to check for any restrictions on method of payment, such as cash or money order only or if any appointment is required.

If a requesting agency does not have results within seven days and digital Live Scan fingerprints were submitted, you may use the DOJ's 24-hour automated telephone system to check on your fingerprint status. The phone number is (916) 227-4557. You will need the following information:

Your date of birth and the 10-digit ATI (automated Transaction Identifier) number that appears at the bottom of the REQUEST FOR LIVE SCAN SERVICE FORM. The ATI number always appears in the following sequence: 1 letter; 3 numbers; 3 letters and 3 numbers.

FACT SHEET
FINGERPRINTING INFORMATION FOR APPLICANTS AND REQUEST FOR LIVE SCAN FORM
(NOT RENEWALS) CONT'D

NON-CALIFORNIA RESIDENTS:

Applicants who cannot have their fingerprints taken in the State of California must have their fingerprints “rolled” on a paper fingerprint card (hard card). A “hard” card may be obtained by submitting a request to the Board. You must take this card to a qualified fingerprinting agency (e.g., law enforcement) for processing.

A fingerprint-rolling fee may be collected when you get your fingerprints taken. Since this fee varies widely among locations, you may want to review the cost before going to a fingerprint site. Be sure to check for any restrictions on method of payment, such as cash or money order only or if any appointment is required.

In addition to the fingerprint-rolling fee you pay at the time your fingerprints are taken, a criminal background reporting fee of \$49.00 (DOJ - \$32.00, FBI - \$17.00) is to be submitted to the Board along with your fingerprint card. You may make this fee payable to the “Board of Optometry.”

Please allow a minimum of four (4) weeks of processing time before making a status inquiry.

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI: AO062 Type of Application: LICENSE, CERTIFICATION, PERMIT
Code assigned by DOJ

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

Agency Address Set Contributing Agency:

CALIFORNIA STATE BOARD OF OPTOMETRY

06487

Agency authorized to receive criminal history information

Mail Code (five digit code assigned by DOJ)

2450 DEL PASO ROAD, SUITE 105

JEFF ROBINSON

Street No. Street or P.O. Box

Contact Name (Mandatory for all school submissions)

SACRAMENTO, CA 95834-9674

(916) 575-7170

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 N/A
Agency Billing Number (if applicable)

Height: _____ Weight: _____ Misc. No: N/A

Eye Color: _____ Hair Color: _____ Home Address: _____
Street or P.O. Box

Place of Birth: _____
City, State and Zip Code

Soc Sec No: _____

Your Number: N/A Level of Service DOJ FBI
DCA No. (Agency Identifying No.)

If resubmission, list original ATI no. _____

Employer: (Additional response for agencies specified by statute)

N/A

Employer Name

N/A

N/A

Street No. Street or P.O. Box

Mail Code (five digit code assigned by DOJ)

N/A

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N/A

City State Zip Code

Agency Telephone No. (optional)

Live Scan Transaction Completed By: _____ Date: _____
Name of Operator

Transmitting Agency

ATI No.

Amount Collected/Billed

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