



## INSTRUCTIONS FOR LIVE SCAN FINGERPRINTING

### I. FINGERPRINT REQUIREMENTS

All applicants are required to submit two sets of fingerprints. All requests from this Board for background checks of applicants must be submitted to the **Department of Justice (DOJ)** and the **Federal Bureau of Investigation (FBI)** either by Live Scan or on a completed ten-print (hard card) applicant fingerprint card. Previously processed fingerprint cards, or photocopies of fingerprint impressions are not acceptable.

**A LICENSE WILL NOT BE ISSUED UNTIL THE BOARD RECEIVES THE BACKGROUND INFORMATION FROM THE DOJ.** However, the Board will not delay licensure while awaiting the FBI reports. If a conviction is subsequently reported by the FBI, the Board will take disciplinary action against the license if the conviction is substantially related to the licensee's scope of practice.

#### Fingerprint Fees

The DOJ and FBI fingerprint processing fees are established by each agency and are subject to change by the agency without notice from the Board. Section 11105(e) of the Penal Code authorizes the Board to collect fees sufficient to recover the expense of conducting background checks.

DOJ FINGERPRINT PROCESSING FEE \$32.00  
FBI FINGERPRINT PROCESSING FEE \$17.00

*The fingerprint processing fees must be in the form of cash, check or money order, and must be paid at the Applicant Live Scan site at the time that you obtain your live scan fingerprints. Please be aware that these processing fees are in addition to the service fee charged by the Live Scan operator.*

### II. COMPLETE THE REQUEST FOR LIVE SCAN SERVICE APPLICANT SUBMISSION FORM

Applicants must complete and submit the enclosed Request for Live Scan Service Applicant Submission form (BCII 8016) 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 THIRD COPY OF THIS FORM, WITH BOX 6 COMPLETED BY THE LIVE SCAN OPERATOR, MUST BE SUBMITTED TO THE BOARD WITH YOUR APPLICATION IN ORDER FOR THE BOARD TO RETRIEVE YOUR CRIMINAL HISTORY REPORT FROM DOJ. Retain the second copy for your records.**

Live Scan fingerprints can be obtained at most local Police and Sheriff stations, local offices of the Department of Justice, and some large school districts. A current listing of Live Scan sites is available at the DOJ website at <http://ag.ca.gov/fingerprints/publications/contact.php>, select "Contact Information". **APPLICANTS SHOULD CALL THE LIVE SCAN SITE FOR HOURS OF OPERATION AND FEES, AND TO DETERMINE IF AN APPOINTMENT IS NECESSARY.** You must present valid photo identification (i.e., driver's license or ID, military ID, or passport) at the live scan site.

**SEE BACK PAGE FOR SPECIFIC INSTRUCTIONS FOR COMPLETING THE REQUEST FOR LIVE SCAN SERVICE APPLICANT SUBMISSION FORM**

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 FORM**  
**Applicant Submission**

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ORI: \_\_\_\_\_ Type of Application (check one)  Employment  License, Certification, Permit  Volunteer  
Code assigned by DOJ

Job Title or Type of License, Certification or Permit: License Type (**CHECK ONE**) VOCATIONAL NURSE PSYCHIATRIC TECHNICIAN

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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.

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Name of Applicant: \_\_\_\_\_  
(Please Print) Last First MI

AKA's: \_\_\_\_\_ CDL No. \_\_\_\_\_

\_\_\_\_\_ Last First \_\_\_\_\_ DOB: \_\_\_\_\_ SEX:  Male  Female Misc. No. **BIL**: \_\_\_\_\_

HGT: \_\_\_\_\_ WGT: \_\_\_\_\_ Misc No: \_\_\_\_\_

EYE Color: \_\_\_\_\_ HAIR Color: \_\_\_\_\_ Home Address:(Applies only if Youth Org/HRA or Public Utility)

POB: \_\_\_\_\_  
\_\_\_\_\_ Street or PO Box

SOC: \_\_\_\_\_  
\_\_\_\_\_ City, State and Zip Code

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Your Number: \_\_\_\_\_  
OCA No. (Agency Identifying No.)

Level of Service  DOJ  FBI

If resubmission, list Original ATI No. \_\_\_\_\_

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Employer: (Additional response for Department of Social Services, DMV/CHP licensing, & Department of Corporations submissions only)

\_\_\_\_\_ Employer Name \_\_\_\_\_  
\_\_\_\_\_ Street No. \_\_\_\_\_ Street or PO Box \_\_\_\_\_ Mail Code (five digit code assigned by DOJ)  
\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Agency Telephone No. (optional)

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

\_\_\_\_\_ Transmitting Agency \_\_\_\_\_ ATI No. \_\_\_\_\_ Amount Collected/Billed

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**REQUEST FOR LIVE SCAN SERVICE FORM**  
**Applicant Submission**

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Code assigned by DOJ

Job Title or Type of License, Certification or Permit: License Type (**CHECK ONE**) VOCATIONAL NURSE PSYCHIATRIC TECHNICIAN

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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.

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Name of Applicant: \_\_\_\_\_  
(Please Print) Last First MI

AKA's: \_\_\_\_\_ CDL No. \_\_\_\_\_

DOB: \_\_\_\_\_ SEX:  Male  Female Misc. No. **BIL**: \_\_\_\_\_

HGT: \_\_\_\_\_ WGT: \_\_\_\_\_ Misc No: \_\_\_\_\_

EYE Color: \_\_\_\_\_ HAIR Color: \_\_\_\_\_ Home Address:(Applies only if Youth Org/HRA or Public Utility)

POB: \_\_\_\_\_  
\_\_\_\_\_  
Street or PO Box

SOC: \_\_\_\_\_  
\_\_\_\_\_  
City, State and Zip Code

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Your Number: \_\_\_\_\_  
OCA No. (Agency Identifying No.)

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

\_\_\_\_\_  
Street No. Street or PO Box \_\_\_\_\_  
Mail Code (five digit code assigned by DOJ)

\_\_\_\_\_  
City State Zip \_\_\_\_\_  
Agency Telephone No. (optional)

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

\_\_\_\_\_  
Transmitting Agency \_\_\_\_\_  
ATI No. Amount Collected/Billed

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\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_ Contact Telephone No.

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Name of Applicant: \_\_\_\_\_  
(Please Print) Last First MI

AKA's: \_\_\_\_\_ CDL No. \_\_\_\_\_

\_\_\_\_\_ Last First \_\_\_\_\_ DOB: \_\_\_\_\_ SEX:  Male  Female Misc. No. **BIL**: \_\_\_\_\_

HGT: \_\_\_\_\_ WGT: \_\_\_\_\_ Misc No: \_\_\_\_\_

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POB: \_\_\_\_\_  
\_\_\_\_\_ Street or PO Box

SOC: \_\_\_\_\_  
\_\_\_\_\_ City, State and Zip Code

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Your Number: \_\_\_\_\_  
OCA No. (Agency Identifying No.)

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\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Agency Telephone No. (optional)

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

\_\_\_\_\_ Transmitting Agency \_\_\_\_\_ ATI No. \_\_\_\_\_ Amount Collected/Billed

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