



Live Scan and More
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FLORIDA STATE ELECTRONIC FINGERPRINT SUBMISSION

Applicant registration Form

Name:	Middle Name:	Last Name:
Place of Birth:	Citizenship:	Race:
Sex:	Height:	Weight:
Eye Color:	Hair Color:	Social Security #:

Address

Street Number/Name:

City:

State:

Zip:

Thank you for selecting Live Scan and More. The information you provide on this form is for the sole purpose of verifying your identity and accurately provide the services you require. Valid government identification required for all services. Payment is due at the time of service. We will provide professional fingerprinting services requested according to the rules and regulations of the appropriate Federal, State or County requesting the fingerprints. Client (the undersigned) hereby releases and forever discharges Live Scan and More & its employees harmless from any and all claims, demands, judgments and legal fees arising out of or in connection with the results or any lawful use of the results. Service fees are nonrefundable. Upon signing of this form, client acknowledges that all the information printed on this form is correct.

Applicant Signature:	Date:
ORI Number:	License Applying for:
Email Address	Phone Number:

Live Scan Transaction Completed By:

Name of Official Taking Prints:	Date:
TCN #	Agency: