

INSTRUCTIONS FOR COMPLETING REQUEST FOR LIVESCAN SERVICE

APPLICANT SUBMISSION FORM

Be sure to take identification to the live scan site. You **<u>must</u>** show your driver's license or state-issued identification card prior to having your fingerprints taken.

The following information <u>must</u> be printed or typed on the form. All other spaces on the form should remain blank.

Name of Applicant: Enter your full name.

Alias: Enter any other names you have used.

Date of Birth: You *must* provide your date of birth in order for the Secretary of State's Office to process your background check.

Height

Weight

Eye Color

Hair Color

Place of Birth

SOC: Social Security Number.

Driver's License No.: California driver's license number. If you do not have a California driver's license, enter other identifying numbers such as another state driver's license number or California ID card number.

Agency Billing No.: Please be prepared to pay the fingerprint processing fee and the rolling fee at the live scan site (cash, check, or money order). Be sure to call the live scan site to determine the acceptable type of payment and the amount of the required fee.

Agency/OCA No.: Enter your driver's license number or birth date.

* **IMPORTANT**: Retain one copy of the Request for Live Scan Service form for your records in case you need to have your prints retaken. This copy will serve as your proof that you have paid the fingerprint processing fee so you will not be required to pay again. You may, however, be required to pay the rolling fee.

*Please ask for a receipt if you are planning to request fee reimbursement from Pomona Hope.