



Live Scan Instructions

Please read carefully

You are required to have FBI, Department of Justice and Child Abuse fingerprinting.

Please use the attached application form and follow the instructions below. It is also necessary for **ALL** adults living in the home who are 18 years old or older to also be fingerprinted.

1. Call **800-315-4507** or look on the internet at **<http://ag.ca.gov/fingerprints/publications/contact.php>** to find your local fingerprinting office or to schedule an appointment for fingerprinting.
2. Have the *Request for Live Scan Service* forms handy to answer the operator's questions. If they ask for the "ORI", it can be found in the upper left corner of the *Request for Live Scan Service* form.
3. Email Aurora Ferree, a.ferree@serenitykids.com, to give her the names of family members and residents that are being fingerprinted. This is **very important** to Serenity's record keeping.
4. Take your forms, payment, and photo ID with you to your appointment.
5. **PROVIDE SERENITY WITH A COPY OF YOUR COMPLETED *REQUEST FOR LIVE SCAN SERVICE* forms.**



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

A9579 _____ RESRCE FAM PER 16519.5 WI
ORI (Code assigned by DOJ) _____ Authorized Applicant Type

RFA Type _____
Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned) _____

Contributing Agency Information:

SERENITY, INC. FOSTER CARE & ADOPTION _____ 21771 _____
Agency Authorized to Receive Criminal Record Information _____ Mail Code (five-digit code assigned by DOJ)

600 S. GRAND AVENUE _____ GLORIA WASHINGTON _____
Street Address or P.O. Box _____ Contact Name (mandatory for all school submissions)

COVINA _____ CA 91724 _____ (626) 859-6200 _____
City _____ State ZIP Code _____ Contact Telephone Number

Applicant Information:

Last Name _____ First Name _____ Middle Initial _____ Suffix _____

Other Name _____ First _____ Suffix _____
(AKA or Alias) Last

Date of Birth _____ Sex Male Female

Height _____ Weight _____ Eye Color _____ Hair Color _____

Place of Birth (State or Country) _____ Social Security Number _____

Home _____
Address Street Address or P.O. Box

Driver's License Number _____

Billing _____
Number (Agency Billing Number)

Misc. _____
Number (Other Identification Number)

City _____ State _____ ZIP Code _____

Your Number: 191593485 _____
OCA Number (Agency Identifying Number)

Level of Service: DOJ FBI

If re-submission, list original ATI number: _____
(Must provide proof of rejection) Original ATI Number

Employer (Additional response for agencies specified by statute):

Employer Name _____ Mail Code (five digit code assigned by DOJ) _____

Street Address or P.O. Box _____

City _____ State _____ ZIP Code _____ Telephone Number (optional) _____

Live Scan Transaction Completed By:

Name of Operator _____ Date _____

Transmitting Agency _____ LSID _____ ATI Number _____ Amount Collected/Billed _____