



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

CA0440000	License
ORI (Code assigned by DOJ)	Authorized Applicant Type
Marijuana Dispensary license	
Type of License/Certification/Permit <u>OR</u> Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)	

Contributing Agency Information:

Santa Cruz County Sheriff-Coroner	03403
Agency Authorized to Receive Criminal Record Information	Mail Code (five-digit code assigned by DOJ)
5200 Soquel Ave.	Carla Rittue
Street Address or P.O. Box	Contact Name (mandatory for all school submissions)
Santa Cruz	831-454-7606
City	Contact Telephone Number
CA 95062	
State ZIP Code	

Applicant Information:

Last Name	First Name	Middle Initial	Suffix
Other Name (AKA or Alias) Last	First		Suffix
Date of Birth	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Driver's License Number	
Height	Weight	Billing Number	
	Eye Color	(Agency Billing Number)	
	Hair Color	Misc. Number	
Place of Birth (State or Country)	Social Security Number	(Other Identification Number)	
Home Address	Street Address or P.O. Box	City	State ZIP Code

Your Number: _____
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 _____
 *A search of the FBI's criminal history records will be conducted

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	Telephone Number (optional)
State	ZIP Code

Live Scan Transaction Completed By:

Name of Operator	Date
Transmitting Agency	ATI Number
LSID	Amount Collected/Billed

**GUIDELINES FOR COMPLETING
"REQUEST FOR LIVE SCAN SERVICE FORM"**

FIELD	COMMENT
ORI (Originating Agency Identifier):	This is a number assigned by DOJ to identify authorized users. Each agency must have an assigned ORI prior to submitting fingerprints.
TYPE OF APPLICATION:	Example: Peace Officer, State Employee, Employment, License, Permit, etc. The application type determines the dissemination criteria used in preparing the response, and each authorized agency has specific application type(s) it is permitted to use. Since agencies may have more than one authorized application type, it is important this field be filled out correctly.
JOB TITLE OR TYPE OF LICENSE, CERTIFICATION OR PERMIT:	Example: Petition for Adoption, Emergency Child Placement, Foster Family Home, Volunteer, etc. This is a free-form field where the agency can include the specific job title, license, certificate or permit being requested. If the Application Type and Title conflict (e.g., Foster Family License applicant type, and Petition for Adoption application title) the transaction may be rejected.
AGENCY ADDRESS SET CONTRIBUTING AGENCY:	Please print or attach a pre-printed label containing the name and address label of the authorized applicant agency requesting the fingerprint check. Those agencies authorized to use generic ORIs must ensure that the agency name in this field is identical to the name used when the ORI was authorized, otherwise the transaction may be rejected.
MAIL CODE:	This is a unique number assigned by the Department of Justice to those agencies which have requested responses by electronic mail or fax. If this code is not entered, the response may be printed out and mailed instead of sent electronically. An incorrect code will cause the response to be sent to the wrong agency.
CONTACT NAME:	Enter the person's name at the agency who is authorized to receive the response. THIS IS MANDATORY FOR APPLICANTS REQUIRING A CHILD ABUSE INDEX CHECK
CONTACT TELEPHONE NUMBER:	Enter the phone number for the Contact Person. THIS IS MANDATORY FOR APPLICANTS REQUIRING A CHILD ABUSE INDEX CHECK
NAME OF APPLICANT & PERSONAL DESCRIPTORS:	Enter the requested information.
MISC NO. BIL (Billing Number):	If the agency has been assigned a billing number by the Department of Justice, that number should be recorded here. If the agency does not have a billing number, the applicant should be prepared to pay all fees associated with the transaction directly to the Live Scan operator.
HOME ADDRESS:	The applicant's home address is mandatory for applicants requiring a Child Abuse Index check and where statute requires a notification to the applicant as well as the agency.
YOUR NUMBER:	Some agencies assign a unique number to each applicant. A field is provided for this number for the agency's convenience to help match the response to the correct applicant (this can be helpful if you have applicants with similar names).
LEVEL OF SERVICE:	Please check the appropriate box(es). Please note that your agency must be authorized by statute to receive the information requested. In addition, the APPLICANT TYPE will dictate the level(s) of service permitted. In those situations where the FBI level of service is permitted, you must check the FBI box or you will not receive a response from the FBI.
ORIGINAL ATI (Applicant Transaction Identifier) NO.:	FOR RE-SUBMISSIONS ONLY. The ATI is recorded on the last line of the Live Scan Request form by the Live Scan operator when the transaction is completed. If the applicant's fingerprints were previously rejected and are now being re-submitted, the ATI from the ORIGINAL Live Scan Request form must be included or the agency will be charged again for the transaction.
EMPLOYER:	This field is required to be completed if a response is required to be sent to the employer in addition to, or instead of, the submitting agency, (i.e., a facility licensed by the Department of Social Services).



APPLICANT FINGERPRINT PROCESSING FEES

(As of August 17, 2012 - Subject to Change)

Print Form

Purpose of Fingerprint Submission	State CORI Fee	Federal CORI Fee	CACI Fee	Firearms Eligibility	Application Fee	
					Initial	Renewal
Employment						
General	\$32	\$17	N/A	N/A	N/A	N/A
Criminal Justice Agency (non-sworn/vendor access)	\$32	\$0	N/A	N/A	N/A	N/A
Peace Officer Auxiliary	\$32	\$0	N/A	\$19	N/A	N/A
Peace Officer Firearms with CACI	\$32	\$0	\$15	\$19	N/A	N/A
Human Resource Agency Employee (non-profit)	\$0	\$17	N/A	N/A	N/A	N/A
In-Home Support Services	\$32	N/A	N/A	N/A	N/A	N/A
Trustline Registry/CASA* Employee with CACI	\$32	\$17	\$15	N/A	N/A	N/A
All other employees are charged the "General" fee						
Volunteer						
Human Resource Agency/Youth Org. (non-profit)	\$0	\$15	N/A	N/A	N/A	N/A
Human Resource Agency/Youth Org. (for profit)	\$32	\$15	N/A	N/A	N/A	N/A
Trustline Registry/CASA* Volunteer with CACI	\$32	\$15	\$15	N/A	N/A	N/A
Child Day Care Volunteer (small/home)	\$0	\$15	\$0	N/A	N/A	N/A
Child Day Care Volunteer (large/facility)	\$42	\$15	\$15	N/A	N/A	N/A
Foster Care Mentor Volunteer	\$0	\$15	\$15	N/A	N/A	N/A
All other volunteers use the "Employment" fee schedule						
Certificates/Licenses/Permits						
General	\$32	\$17	N/A	N/A	N/A	N/A
Check Casher	\$32	N/A	N/A	N/A	\$50	\$50
Child Day/Residential Care (small/home)	\$0	\$17	\$15	N/A	N/A	N/A
Child Day/Residential Care (large/facility)	\$42	\$17	\$15	N/A	N/A	N/A
Adult Day/Residential Care	\$42	\$17	N/A	N/A	N/A	N/A
Custodian of Records	\$32	\$17	N/A	N/A	\$30	N/A
Fingerprint Roller	\$32	\$17	N/A	N/A	\$25	N/A
Certificate/License/Permit with Firearm	\$32	\$17	N/A	\$38	N/A	N/A
Secondhand Dealer/Pawnbroker	\$32	N/A	N/A	N/A	\$300	\$300
All other certificates/licenses/permits are charged the "General" fee						
Other						
Application for Visa/Immigration	\$32	N/A	N/A	N/A	N/A	N/A
Emergency Child Placement	\$0	\$17	\$0	N/A	N/A	N/A
Petition for Adoption	\$32	\$17	\$15	N/A	N/A	N/A
Record Review	\$25	N/A	N/A	N/A	N/A	N/A
POST Training Certificate	\$32	N/A	N/A	\$19	N/A	N/A

N/A - Not Applicable

CACI - Child Abuse Central Index

CASA - Court Appointed Special Advocate

* CASA CACI checks available 1/1/08 and are permissive, not mandatory