



31441 Avenida De La Vista
San Juan Capistrano, CA 92675
info@surfandturftherapy.org
(949) 312-7227 ext. 0

LIVE SCAN FINGERPRINT PROCESS

Dear Volunteer:

All volunteers 18+ are required by the state of California to have a fingerprint background check.

Please complete the attached Live Scan Form and bring to **any** Live Scan Location.

The Live Scan can be completed at any Live Scan location.

Below are some local locations you may go to:

Local Live Scan Locations:

San Juan Capistrano:

Live Scan Tax Notary

Address: 32332 Camino Capistrano #105, San Juan Capistrano, CA 92675

Phone: (949) 503-1896

San Clemente:

Digital Live Scan

Address: 616 S El Camino Real suite g-11, San Clemente, CA 92672

Phone: (949) 312-0559

Walk ins Welcome



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

AY633 Volunteer/VCA
 ORI (Code assigned by DOJ) Authorized Applicant Type

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

Contributing Agency Information:

Surf and Turf Therapy 32315
 Agency Authorized to Receive Criminal Record Information Mail Code (five-digit code assigned by DOJ)

31441 Avenida De La Vista Jillian Stewart
 Street Address or P.O. Box Contact Name (mandatory for all school submissions)

San Juan Capistrano CA 92675 (949) 312-7227
 City State ZIP Code Contact Telephone Number

Applicant Information:

<p>_____ Last Name</p> <p>_____ Other Name: (AKA or Alias)</p> <p>_____ Last Name</p> <p>Sex <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>_____ Date of Birth</p> <p>_____ Height</p> <p>_____ Weight</p> <p>_____ Eye Color</p> <p>_____ Hair Color</p> <p>_____ Place of Birth (State or Country)</p> <p>_____ Social Security Number</p> <p>_____ Home Address Street Address or P.O. Box</p>	<p>_____ First Name</p> <p>_____ Middle Initial</p> <p>_____ Suffix</p> <p>_____ First Name</p> <p>_____ Suffix</p> <p>_____ Driver's License Number</p> <p>Billing Number <u>164556</u> <small>(Agency Billing Number)</small></p> <p>Misc. Number _____ <small>(Other Identification Number)</small></p> <p>_____ City</p> <p style="text-align: right;"> <input type="checkbox"/> State _____ ZIP Code </p>
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I have received and read the included Privacy Notice, Privacy Act Statement, and Applicant's Privacy Rights.

Applicant Signature

Date

Your Number: _____
OCA Number (Agency Identifying Number)

Level of Service: DOJ FBI
 (If the Level of Service indicates FBI, the fingerprints will be used to check the criminal history record information of the 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

Live Scan Transaction Completed By:

Name of Operator _____
Date

Transmitting Agency LSID ATI Number Amount Collected/Billed