



3404 BECHELLI LN, STE B  
REDDING, CA 96002  
530-222-3442

## **LIVE SCAN FORM INFORMATION SHEET**

**NO APPOINTMENT NEEDED**

**JUST WALK IN DURING OUR BUSINESS HOURS:**

**MONDAY-THURSDAY 9AM-5PM**

**FRIDAY 9AM-4PM**

ACCU-PRINT IS LOCATED AT 3404 BECHELLI LN, STE B IN REDDING, CA. WE ARE A HALF MILE SOUTH OF BECHELLI AND HARTNELL INTERSECTION, WEST-SIDE OF THE STREET IN THE BUSINESS SUITES NEXT TO THE CIRCLE K CONVENIENCE STORE.

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**PLEASE BRING YOUR LIVE SCAN FORM WITH THE MIDDLE APPLICANT SECTION FILLED OUT**

**MUST PRESENT ONE OF THE FOLLOWING PRIMARY FORMS OF ID:**

- US OR CANADIAN DRIVERS LICENSE/DMV ID CARD
- US PASSPORT OR FOREIGN WITH APPROPRIATE IMMIGRATION DOC.
  - UNIFORMED SERVICE IDENTIFICATION CARD
- PLEASE SEE WEBSITE FOR ADDITIONAL PRIMARY FORMS OF ID

**IF YOU DO NOT HAVE ONE OF THE PRIMARY FORMS OF ID, YOU WILL NEED SECONDARY AND SUPPORTING DOCUMENTATION**

**ACCUPRINTFINGERPRINTING.COM**



## REQUEST FOR LIVE SCAN SERVICE

### Applicant Submission

ORI (Code assigned by DOJ) \_\_\_\_\_ Authorized Applicant Type \_\_\_\_\_

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

### Contributing Agency Information:

Agency Authorized to Receive Criminal Record Information \_\_\_\_\_ Mail Code (five-digit code assigned by DOJ) \_\_\_\_\_

Street Address or P.O. Box \_\_\_\_\_ Contact Name (mandatory for all school submissions) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_ Contact Telephone Number \_\_\_\_\_

### Applicant Information:

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Suffix \_\_\_\_\_

Other Name: (AKA or Alias) \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Suffix \_\_\_\_\_

Sex ☐ Male ☐ Female

Date of Birth \_\_\_\_\_ Driver's License Number \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_ Billing Number \_\_\_\_\_

(Agency Billing Number)

Place of Birth (State or Country) \_\_\_\_\_ Social Security Number \_\_\_\_\_ Misc. Number \_\_\_\_\_

(Other Identification Number)

Home Address \_\_\_\_\_ Street Address or P.O. Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

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 \_\_\_\_\_

Street Address or P.O. Box \_\_\_\_\_ Telephone Number (optional) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_ Mail Code (five digit code assigned by DOJ) \_\_\_\_\_

### Live Scan Transaction Completed By:

Name of Operator \_\_\_\_\_ Date \_\_\_\_\_

Transmitting Agency \_\_\_\_\_ LSID \_\_\_\_\_ ATI Number \_\_\_\_\_ Amount Collected/Billed \_\_\_\_\_