



## FINGERPRINTING REQUIREMENTS AND INSTRUCTIONS

All license, registration, and permit applicants and holders must furnish a full set of fingerprints for purposes of conducting federal and state criminal history record checks through the Department of Justice (DOJ). (Bus. & Prof. Code, § [144](#); 16 CCR § [2010.05](#).) Licensure, registration, and permits are subject to denial, suspension, or revocation based upon an applicant's or licensee's conviction of a crime. (Bus. & Prof. Code §§ [475-490](#), [4836.2](#), [4837](#), [4842](#), [4883](#), [4885](#).)

Fingerprints must be submitted to the DOJ electronically via Live Scan. (Pen. Code, § [11077.1](#).) Live Scan is a system for the electronic submission of fingerprints. The DOJ has limited statutory authority to issue an exemption to this mandate if an electronic transmission site is regionally unavailable. For more information on how to request an exemption, visit the Attorney General's Office web site at <https://oag.ca.gov/fingerprints> and download the [BCII 9004 - Request for Exemption from Mandatory Electronic Fingerprint Submission Requirement](#) form.

### Instructions for completing "Request for Live Scan Service" form

#### **STEP 1 – COMPLETE THE REQUEST FOR LIVE SCAN SERVICE FORM (BCII 8016) AS FOLLOWS:**

- **ORI:** Enter "A0133". This is the unique agency code for the Veterinary Medical Board.
- **Authorized Applicant type:** Enter "License/Registration".
- **Type of License/Certification/Permit OR Working Title:** Enter "Veterinarian", "Registered Veterinary Technician (RVT)", or "Veterinary Assistant Controlled Substance Permit Holder (VACSP)" depending on the type of license the individual is applying for.
- **Agency Authorized to Receive Criminal Record Information:** Enter "Veterinary Medical Board".
- **Mail Code:** Enter "06386". This is the unique five-digit code assigned by the DOJ for the Veterinary Medical Board.
- **Street Address, City, State, and Zip Code:** Enter "1747 N. Market Blvd., Ste. 230, Sacramento, CA 95834".
- **Contact Telephone Number:** Enter "(916) 515-5220".
- **Name of Applicant:** Enter your Last Name, First Name, and Middle Name. Do not use initials or name abbreviations.
- **Alias:** Enter all other names you have used, including your maiden name. If none, leave this section blank.
- **Driver's License No.** Enter your Driver's License Number, including the State.
- **DOB:** Enter your date of birth (month/day/year).
- **Sex:** Enter your gender.
- **Height:** Enter your height in feet and inches.
- **Weight:** Enter your weight in pounds.
- **Eye Color:** Enter the color of your eyes.
- **Hair Color:** Enter the color of your hair.
- **Billing Number:** Leave this section blank. Applicant is responsible for paying all fees associated with fingerprinting.
- **Place of Birth:** Enter your place of birth (City and State, or Country).
- **SSN:** Enter your Social Security Number.
- **Misc. Number:** Enter any other identification number and type. If none, leave this section blank.
- **Home Address, City, State, and Zip Code:** Enter your home address information into the applicable sections.

- **Your Number:** Leave this section blank.
- **Level of Service:** Check the boxes for “DOJ” and “FBI”.
- **Original ATI Number:** Enter Original ATI number if you are being re-fingerprinted. If not, leave this section blank.
- **Employer Information:** Leave these sections blank.
- **Live Scan Transaction Information:** Leave these sections blank. They will be completed by the Live Scan Operator.

#### **STEP 2 – VISIT YOUR NEAREST LIVE SCAN SITE**

Print three copies of the completed Live Scan form and take them to your nearest Live Scan site. Live Scan personnel will enter all your personal information into their system. **After your information has been entered into their system REVIEW AND VERIFY all your personal information to ensure it has been entered correctly. Any inaccuracy in your personal information will delay the acceptance of your fingerprints and licensure.**

To obtain information on Live Scan locations and service fees, please visit the Attorney General’s Office web site at <https://oag.ca.gov/fingerprints/locations>. Check the listing of sites by county for hours of operation, appointment requirements, service fee, and acceptable forms of payment.

#### **STEP 3 – PAY ALL REQUIRED FEES**

Fingerprint processing fees paid directly to the Live Scan site include DOJ and Federal Bureau of Investigation processing fees, in addition to a service fee that is set by the vendor and varies by location.

#### **STEP 4 – SUBMIT A COPY OF THE COMPLETED REQUEST FOR LIVE SCAN SERVICE FORM TO THE VETERINARY MEDICAL BOARD**



## 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

First Suffix

Date of Birth Sex  Male  Female

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

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

### 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