

REQUEST FOR LIVE SCAN SERVICE
Applicant Submission

ORI: A5130 Type of Application: License
Code assigned by DOJ

Job Title or Type of License, Certification or Permit: Naturopathic Doctor

Agency Address Set Contributing Agency:
Bureau of Naturopathic Medicine 02749
Agency authorized to receive criminal history information Mail Code (five digit code assigned by DOJ)

1625 North Market Blvd., Suite S-202 N/A
Street No. Street or P.O. Box Contact Name (Mandatory for all school submissions)

Sacramento, CA 95834 (916) 574-7991
City State Zip Code Contact Telephone No.

Name of Applicant: _____
(please print) Last First MI

Alias: _____ Driver's License No. _____
Last First

Date of Birth: _____ Sex: Male Female Misc. No. **BIL-** Applicant Must Pay
Agency Billing Number (if applicable)

Height: _____ Weight: _____ Misc. No: _____

Eye Color: _____ Hair Color: _____ Home Address: _____
Street or P.O. Box

Place of Birth: _____
City, State and Zip Code

SOC: _____

Your Number: _____ Level of Service DOJ FBI
OCA No. (Agency Identifying No.)

If resubmission, list Original ATI No. _____

Employer: (Additional response for agencies specified by statute)
N/A

Employer Name _____

Street No. _____ Street or P.O. Box _____ Mail Code (five digit code assigned by DOJ) _____
()

City _____ State _____ Zip Code _____ Agency Telephone No. (optional) _____

Live Scan Transaction Completed By: _____ Date: _____
Name of Operator

Transmitting Agency _____ ATI No. _____ Amount Collected/Billed _____

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI: <u>A5130</u> Code assigned by DOJ	Type of Application: <u>License</u>
Job Title or Type of License, Certification or Permit: <u>Naturopathic Doctor</u>	

Agency Address Set Contributing Agency: <u>Bureau of Naturopathic Medicine</u>		<u>02749</u> Mail Code (five digit code assigned by DOJ)
Agency authorized to receive criminal history information		
<u>1625 North Market Blvd., Suite S-202</u>		<u>N/A</u> Contact Name (Mandatory for all school submissions)
Street No. _____	Street or P.O. Box _____	
<u>Sacramento, CA 95834</u>		<u>(916) 574-7991</u> Contact Telephone No.
City _____	State _____	Zip Code _____

Name of Applicant: _____ (please print) Last First MI		
Alias: _____ Last First	Driver's License No. _____	
Date of Birth: _____	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Misc. No. BIL- <u>Applicant Must Pay</u> Agency Billing Number (if applicable)
Height: _____	Weight: _____	Misc. No: _____
Eye Color: _____	Hair Color: _____	Home Address: _____ Street or P.O. Box
Place of Birth: _____		_____ City, State and Zip Code
SOC: _____		

Your Number: _____ OCA No. (Agency Identifying No.)	Level of Service <input checked="" type="checkbox"/> DOJ <input checked="" type="checkbox"/> FBI
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Employer: (Additional response for agencies specified by statute) <u>N/A</u>		
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City _____	State _____	Zip Code _____
		() _____ Agency Telephone No. (optional)

Live Scan Transaction Completed By: _____ Name of Operator		Date: _____
Transmitting Agency _____	ATI No. _____	Amount Collected/Billed _____

**INSTRUCTIONS FOR COMPLETING
THE LIVE SCAN FORM (BCII 8016)**

NAT-04 (New 11/04)



Bureau of Naturopathic Medicine
P.O. Box 980490, West Sacramento, CA 95798-0490
Telephone: (916) 574-7991 TDD: 322-1700
Website: www.naturopathic.ca.gov



COMPLETING THE LIVE SCAN FORM

Live Scan is an automated service that the California Department of Justice (DOJ) provides to agencies that require criminal history background checks from the state and/or Federal Bureau of Investigations (FBI) as a condition of employment, licensing, certification, foreign adoptions or VISA/Immigration clearances. Live Scan digital submissions provide the quickest way to submit and process background checks.

Below are the instructions for completing the Request for Live Scan Service Form:

STEP 1

Fill out the following information on the pre-printed Live Scan form (BCII 8016), which can be obtained either from the Bureau or downloaded from the Bureau's website at www.naturopathic.ca.gov.

1. Name of Applicant: Enter the applicant's Last Name, First Name, and Middle Name.
2. Alias: Enter any aliases (including any maiden name) of the applicant.
3. Date of Birth: Enter the applicant's date of birth (month, date, year).
4. Sex: Enter the applicant's gender.
5. Height: Enter the applicant's height.
6. Weight: Enter the applicant's weight.
7. Eye Color: Enter the applicant's eye color.
8. Hair Color: Enter the applicant's hair color.
9. Place of Birth: Enter the applicant's location of birth (such as city and state).
10. SOC: Enter the applicant's social security number.
11. Driver's License No.: Enter the applicant's driver's license number.
12. Home Address: Enter the applicant's home address or P.O. Box (include city/state/zip code).

STEP 2

Take the three copies of the completed Live Scan Form to a Live Scan service site to have your fingerprints electronically submitted to DOJ and the FBI. For a listing of a Live Scan service site near you, please visit DOJ's website at <http://caag.state.ca.us/app/livescan.htm>.

STEP 3

Pay the Live Scan operator. The Live Scan operator will collect the fingerprint processing fees directly from the applicant. The processing fee for DOJ is \$32.00 and \$24.00 for FBI. However, check with the Live Scan service site to determine if additional fees are charged for "rolling" prints and/or administrative processing. Ensure the Live Scan Operator completes the bottom portion of each form.

STEP 4

Submit the second copy of the Live Scan Form (BCII 8016), which should be signed by the Live Scan Operator and have the ATI number on it, to the Bureau with your application.

If you have any questions regarding the process, please contact the Bureau at (916) 574-7991.