

REQUEST FOR LIVE SCAN SERVICE
Applicant Submission

ORI: A0083 Type of Application: Bank License Per H J FC
Code assigned by DOJ

Job Title or Type of License, Certification or Permit: Bank Officer / Director / Money Transmitter

Agency Address Set Contributing Agency:
Financial Institutions - Business Oversight 04899
Agency authorized to receive criminal history information Mail Code (five digit code assigned by DOJ)

45 Fremont Street, Suite 1700 Jean Nosaka
Street No. Street or P.O. Box Contact Name (Mandatory for all school submissions)

San Francisco CA 94105-2219 415-263-8555
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-** N/A
Agency Billing Number (if applicable)

Height: _____ Weight: _____ Misc. No: N/A

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/A

If resubmission, list Original ATI No. _____

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

Employer Name _____

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

N/A () N/A
City State Zip Code Agency Telephone No. (optional)

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

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

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Job Title or Type of License, Certification or Permit: <u>Bank Officer / Director / Money Transmitter</u>	

Agency Address Set Contributing Agency: Financial Institutions - Business Oversight		<u>04899</u>	
Agency authorized to receive criminal history information		Mail Code (five digit code assigned by DOJ)	
<u>45 Fremont Street, Suite 1700</u>		<u>Jean Nosaka</u>	
Street No.	Street or P.O. Box	Contact Name (Mandatory for all school submissions)	
<u>San Francisco</u>	<u>CA</u>	<u>94105-2219</u>	<u>415-263-8555</u>
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: <input type="checkbox"/> Male <input type="checkbox"/> Female	Misc. No. BIL- _____	<u>N/A</u>
		Agency Billing Number (if applicable)	
Height: _____	Weight: _____	Misc. No: _____	<u>N/A</u>
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	<input checked="" type="checkbox"/> DOJ	<input checked="" type="checkbox"/> FBI/A
If resubmission, list Original ATI No. _____			

Employer: (Additional response for agencies specified by statute)			
<u>N/A</u>			
Employer Name _____			
<u>N/A</u>		<u>N/A</u>	
Street No.	Street or P.O. Box	Mail Code (five digit code assigned by DOJ)	
<u>N/A</u>	<u>N/A</u>	<u>() N/A</u>	
City	State	Zip Code	Agency Telephone No. (optional)

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

DEPARTMENT OF BUSINESS OVERSIGHT*Ensuring a fair and secure financial services marketplace for all Californians***LIVE SCAN PROCESS INSTRUCTION FORM**

Money transmitter licensees/applicants must submit fingerprints using Live Scan, rather than fingerprint cards, if they're located in California. Live Scan is a system for the electronic submission of fingerprints and automated background checks.

STEP 1

Enter the following information on the Request for Live Scan Service Form. You only need to fill in the data on the first page of the Adobe Acrobat form and the information will automatically fill-in on the other pages.

1. Name of Applicant: Enter Last Name, First Name and Middle Name
2. Alias: Enter any aliases (including any maiden name)
3. Date of Birth
4. Sex
5. Height
6. Weight
7. Eye color
8. Hair color
9. Place of Birth
10. SOC: Enter Social Security Number
11. Driver's Licenses No. (Include the state if not California)
12. Home Address
13. Your Number: Must enter the name of the money transmitter or applicant (Do not leave blank).
14. Level of Services: Do nothing. DOJ and FBI are already checked .

15. If resubmission, list Original ATI No.: List the original ATI No. supplied by the Live Scan operator when you originally submitted. Leave blank or write N/A if this is your original submission.

STEP 2

With three copies of the completed Live Scan Form, go to the nearest Live Scan site to have your fingerprints electronically submitted to the Department of Justice (DOJ).

You can get a listing of all Live Scan sites at <http://www.ag.ca.gov/fingerprints>

In the column on the right click on Public Live Scan Sites.

STEP 3

You must pay the Live Scan Operator a \$32 DOJ Processing Fee and a \$17 FBI processing Fee. In addition, you must pay the Live Scan Operator the Live Scan site Processing Fee. This fee, known as the rolling fee, is set by each Live Scan site.

STEP 4

Submit the second copy of the Live Scan Form received from the Live Scan site, signed by the Live Scan Operator and including the ATI number, to the San Francisco Office of the Department of Business Oversight, attention Julio Prada or Oscar Lumen.

1515 K Street, Suite 200
Sacramento, CA 95814-4052
(916) 445-7205

One Sansome Street, Suite 600
San Francisco, CA 94104-4428
(415) 972-8565

320 West 4th Street, Suite 750
Los Angeles, CA 90013-2344
(213) 576-7500

1350 Front Street, Room 2034
San Diego, CA 92101-3697
(619) 525-4233

45 Fremont Street, Suite 1700
San Francisco, CA 94105
(415) 263-8500

300 S. Spring Street, Suite 15513
Los Angeles, CA 90013
(213) 897-2085

7575 Metropolitan Drive, Suite 108
San Diego, CA 92108
(619) 682-7227