



DEPARTMENT OF CONSUMER AFFAIRS
CALIFORNIA BOARD OF ACCOUNTANCY
2000 EVERGREEN STREET, SUITE 250
SACRAMENTO, CA 95815-3832
TELEPHONE: (916) 263-3680
FACSIMILE: (916) 263-3675
WEB ADDRESS: <http://www.cba.ca.gov>



Live Scan Services (For California Residents Only)
Form OSP 01 61351

Purpose: To conduct a criminal history record check with the Department of Justice (DOJ) and the Federal Bureau of Investigation (FBI).

Applicability: Type A, B, C, D and E applicants **residing in California** (see reverse.)

Who Completes: Applicant completes only Section II of the form.

Required Action: Contact a Live Scan service for hours of operation, fees, appointment times, and acceptable methods of payment. Most law enforcement agencies will provide the Live Scan service. For the most current listing of Applicant Live Scan service locations visit the DOJ Web site at <http://ag.ca.gov>.

Submit To: Upon completion of the Live Scan process, a copy of the Request for Live Scan Service form must be mailed to the:

California Board of Accountancy
2000 Evergreen Street, Suite 250
Sacramento, California 95815-3832

Authority: Business and Professions Code Section 144.

Comments An application for licensure will not be considered complete until your criminal history record has cleared both the DOJ and the FBI.

TYPES OF LICENSURE APPLICANTS

- Type A An applicant who **passed the Uniform CPA Exam in California** and is applying for licensure as a CPA in California for the first time.
- Type B An applicant who **passed the Uniform CPA Exam in a state other than California** and has not been issued a valid license to practice public accounting in any state and is applying for licensure as a CPA in California for the first time.
- Type C An applicant who **passed the Uniform CPA Exam in a state other than California** and was issued a valid license to practice public accounting in a state other than California.
- Type D An applicant who **previously was licensed as a CPA in California** and the certificate was cancelled after five years for nonpayment of license renewal fees.
- Type E An applicant who **passed the** Canadian Chartered Accountant Uniform Certified Public Accountant Qualification Examination (**CAQEX**) of the American Institute of Certified Public Accountants (AICPA) **or** the International Uniform Certified Public Accountant Qualification Examination (**IQEX**) of the AICPA and the National Association of State Boards of Accountancy (NASBA).
- Type F A California licensee originally issued a license to perform general accounting services who has now completed attest experience.



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APPLICANT LIVE SCAN INSTRUCTIONS

Pursuant to Section 144 of the California Business & Professions Code, applicants applying for a California Certified Public Accountant license are required to furnish their fingerprints for purposes of conducting criminal history record checks with the Department of Justice (DOJ) and the Federal Bureau of Investigation (FBI).

The California Department of Justice has implemented Applicant Live Scan, a system for the electronic submission of fingerprints and the subsequent automated background check. Applicant Live Scan replaces the process of recording an individual's fingerprints using ink and a standard 8" x 8" fingerprint card.

Applicants unable to utilize California's Applicant Live Scan system must submit the two fingerprint cards enclosed in this packet. Refer to enclosed instructions for completion of the fingerprint cards.

INSTRUCTIONS FOR COMPLETING "REQUEST FOR LIVE SCAN SERVICE" FORM (BCII 8016)

You must **complete only Section II** of the enclosed Request for Live Scan Service Applicant Submission form. The form must be taken to an Applicant Live Scan service. Most law enforcement agencies (i.e., Sheriff's Police Department) will provide the Live Scan service. You may view the most current listing of Applicant Live Scan service locations at the DOJ Web site at <http://ag.ca.gov>. Not all locations listed on the DOJ Web site provide this service for applicants.

You should call the Live Scan service for their hours of operation, fees, appointment times and acceptable method of payment. All fees including the DOJ and the FBI fingerprint clearance fees must be paid directly to the Live Scan service. **Once you have completed the Live Scan process, a copy of the Request for Live Scan Service form must be mailed to the California Board of Accountancy at the address on the form.** If you need an additional Request for Live Scan Service Applicant Submission form, call or write the Board office at the telephone number or address above.

You are encouraged to complete the Live Scan process prior to licensure.

INSTRUCTIONS FOR COMPLETING SECTION II OF THE REQUEST FOR LIVE SCAN SERVICE FORM

Name of Applicant	Indicate your first name, last name and middle initial.
AKA's	Indicate other names previously known as (i.e., maiden name)
CDL No	Indicate your driver's license number.
DOB	Indicate your date of birth.
SEX	Check appropriate box.
Misc No. BIL	Leave blank.
HT	Indicate your height.
WT	Indicate your weight.
Misc. No.	Indicate your phone number.
EYE Color	Indicate eye color.
HAIR Color	Indicate hair color.
Home Address	Indicate your mailing address.
POB	Indicate the state or country of birth.
SOC	Indicate your social security number.

Your application for licensure will not be considered complete until your criminal history record check is completed and all other required documentation is received.

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

SECTION I

ORI: A0001 Type of Application: CPA LICENSE
Code Assigned by DOJ
Job Title or Type of License, Certification or Permit: CERTIFIED PUBLIC ACCOUNTANT

Agency Address Set Contributing Agency:

CALIFORNIA BOARD OF ACCOUNTANCY (CBA) 01482
Agency authorized to receive criminal history information Mail Code (five digit code assigned by DOJ)
2000 EVERGREEN STREET, SUITE 250 SOLE' CUNNINGHAM
Street No. Street or PO Box Contract Name (Mandatory for all school submissions)
SACRAMENTO CA 95815 (916) 561-1768
City State Zip Code Contact Telephone No.

SECTION II

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
Height: _____ Weight: _____ Misc. No.: _____
Eye Color: _____ Hair Color: _____ Home Address: _____
Street or PO Box
Place of Birth: _____ City, State and Zip Code
Social Security Number: _____

SECTION III

Your Number: _____ Level of Service DOJ FBI
OCA No. (Agency Identifying No.)
If resubmission, list Original ATI Number _____

Employer: (Additional response for agencies specified by statute)

Employer Name _____
Street No. Street or PO 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