



Physical Therapy Board of California

STATE AND CONSUMER SERVICES AGENCY - GOVERNOR EDMUND G. BROWN JR.

## Physical Therapy Board of California

2005 Evergreen St. Suite 1350, Sacramento, California 95815

Phone: (916) 561-8200 Fax: (916)263-2560

Internet: [www.ptbc.ca.gov](http://www.ptbc.ca.gov)



### Live Scan Form Instructions

1. Complete the 3 copies of the PTBC's Request for Live Scan Form.
2. Locate a Live Scan operator and make an appointment if necessary.
3. Take the completed form (in triplicate) to the Live Scan site.
4. Have a passport or state-issued photo ID ready for identification.
5. Pay the processing and preparation fees at the Live Scan site.
6. Verify with the Live Scan operator that your fingerprints were submitted for both DOJ and FBI processing.
7. Submit one copy of the form with your PTBC application.

### Reasons for Delays and How to Avoid Them

**#1 Reason:** The Live Scan operator fails to check the FBI box in the computer resulting in no FBI results being transmitted to the PTBC. Avoid this by asking the Live Scan operator to check their computer before you leave the location. **#2 Reason:** The Live Scan operator fails to enter your personal information into their computer. Avoid delays by asking the operator to ensure your name is spelled correctly, your social security number is provided, and your date of birth is entered. **#3 Reason:** Failing to provide the PTBC with a copy of your completed Live Scan. The PTBC is able to follow up on your fingerprint submission only if a copy of the Live Scan is in your application file.

### Checking on Status of Fingerprint Submission

Do not call the PTBC for status of your Live Scan submission prior to calling the DOJ's 24-hour Automated Telephone Service at 916-227-4557. Please have your date of birth and the 10-digit Automated Transaction Identifier (ATI) number that appears Live Scan form after completion. The ATI number always appears in the following sequence: 1 LETTER; 3 NUMBERS; 3 LETTERS and 3 NUMBERS.

# REQUEST FOR LIVE SCAN SERVICE

## Applicant Submission

**ORI:** \_\_\_\_\_ Type of Application: (check one)  Employment  License, Certification, Permit  Volunteer  
Code assigned by DOJ  
Job Title or Type of License, Certification or Permit: \_\_\_\_\_

### Agency Address Set Contributing Agency:

Agency authorized to receive criminal history information \_\_\_\_\_ Mail Code (five-digit code assigned by DOJ) \_\_\_\_\_  
Street No. \_\_\_\_\_ Street or PO Box \_\_\_\_\_ Contact Name (Mandatory for all school submissions) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ ( ) \_\_\_\_\_  
Contact Telephone No. \_\_\_\_\_

Name of Applicant: \_\_\_\_\_  
(Please print) Last First MI

AKA's: \_\_\_\_\_ CDL No. \_\_\_\_\_  
Last First

DOB: \_\_\_\_\_ SEX:  Male  Female Misc. No. **BIL -** \_\_\_\_\_  
Agency Billing Number (if applicable)

HT: \_\_\_\_\_ WT: \_\_\_\_\_ Misc. No. \_\_\_\_\_

EYE Color: \_\_\_\_\_ HAIR Color: \_\_\_\_\_ Home Address: (Applies only if Youth Org/HRA or Public Utility submission)

POB: \_\_\_\_\_ Street or PO Box \_\_\_\_\_

SOC: \_\_\_\_\_ City, State and Zip Code \_\_\_\_\_

Your Number: \_\_\_\_\_  
OCA No. (Agency Identifying No.)

Level of Service DOJ  FBI

If resubmission, list Original ATI No. \_\_\_\_\_

Employer: (Additional response for Department of Social Services, DMV/CHP licensing, and Department of Corporations submissions only)

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 \_\_\_\_\_

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