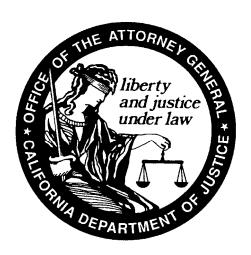
This information is intended for use by Law Enforcement, Schools, and other Authorized Applicant Agencies Only

CALIFORNIA DEPARTMENT OF JUSTICE BUREAU OF CRIMINAL IDENTIFICATION AND INFORMATION APPLICANT LIVE SCAN



California's Department of Justice (DOJ) has implemented a statewide applicant live scan system. The goal of this system is to improve and expedite the applicant fingerprint clearance process.

Following is information we hope is of assistance to you and your agency. DOJ looks forward to serving you.

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STATE OF CALIFORNIA DEPARTMENT OF JUSTICE BUREAU OF CRIMINAL IDENTIFICATION AND INFORMATION APPLICANT LIVE SCAN PROJECT

OVERVIEW

In the spring/summer 1998, the California Department of Justice (DOJ) implemented Phase 1 of Applicant Live Scan, which is a system for the electronic submission of fingerprints and the subsequent automated background check and response. The following is a brief overview of what Applicant Live Scan is and how it operates.

BACKGROUND

As a result of legislation passed and signed into law in late 1997, the DOJ accelerated implementation planning for an automated background check process which had begun in late 1996. The DOJ met with the California State Sheriffs' Association (CSSA) and agreed that, as the lead county law enforcement agency, sheriff's departments should take the lead in providing fingerprint services to facilitate background checks. A site plan proposal was developed and forwarded to the CSSA for consideration. As a result, current plans are to place terminals in sheriffs' offices throughout the state as well as several larger school districts. Most of these devices are now in place and operational.

SYNOPSIS OF APPLICANT LIVE SCAN PROCESS

Live scan technology replaces the process of recording an individual's fingerprint patterns through a rolling process using ink and a standard 8" x 8" fingerprint card. Digitizing the fingerprint minutiae (the characteristics that make fingerprints unique) enables the electronic transfer of the fingerprint image data in combination with personal descriptor information to central site computers at the DOJ in a matter of seconds, instead of the days required to send hard copy fingerprint cards through the U.S. mail. Once at the DOJ, the applicant-related information is processed electronically, including automated searches by name, date of birth, and the Automated Fingerprint Identification System (AFIS). If no prior record is found, the requesting agency will be notified. If the applicant is found to have a prior criminal record, the information (in automated format) is forwarded to the Applicant Response Unit. This unit reviews and compares the new, incoming application against the criminal record and determines the level of Criminal Offender Record Information (CORI) dissemination legally authorized.

Additionally, the DOJ will coordinate other processing resulting from the automated submission of fingerprints, including forwarding the fingerprints to the FBI (if required) and coordinating the collection of associated fees.

When the entire process is automated, the DOJ will be able to process up to 95% of electronic applicant fingerprint submissions in 72 hours or less. In those instances where a complete record is not available or manual processing is required, it will take additional time to respond. Similarly, if the response is to be returned to an agency which does not have electronic response capability, it will take additional time for the response to be returned via the U. S. mail.

SUBMITTING APPLICANT DATA AND FINGERPRINTS VIA LIVE SCAN

Following is a brief overview of how applicant agencies will submit applicant data and fingerprints through a live scan device:

- The applicant agency provides applicant with an **Applicant Submission** form (BCII 8016). The applicant agency should assist the applicant in completing the form accurately and clearly, <u>including</u> providing the required agency-specific numbers. It should be noted that mistakes or omissions may result in the application being rejected by the device or the central site computer. The applicant agency should inform the applicant as to the costs associated with the application; for example, the DOJ processing costs, FBI fees (if required), and the likelihood of a charge for transmitting the applicant's fingerprints to the DOJ. Also, if the applicant agency is to be billed for the service, it must provide the <u>billing</u> agency number on the submission form.
- The applicant goes to the live scan site to be fingerprinted (information regarding site location(s) to be provided by applicant agency) and follows the instructions and procedures at the site.
- The live scan operator will enter information from the Applicant Submission form into the live scan device.
- The live scan device will determine the total amount of fees to be collected/billed.
- The live scan device will scan the applicant fingerprints with assistance from the operator.
- After successful electronic capture of the fingerprint images and accompanying data, the information will be transmitted to the DOJ for processing.
- The results will be sent to the authorized agency via electronic mail, U. S. mail, and FAX (when available).

As an agency receiving background clearance information in response to the submission of applicant fingerprint cards to the Department of Justice, you are already aware of the regulations regarding the security of the hard copy information which you currently receive. The purpose of this Agreement is to restate existing regulations and clarify how they apply to the electronic receipt of this same information via fax or e-mail. There are no new regulations. Items 1, 2, 4, 5, and 7 restate existing regulations relative to receiving hard copy information; item 2 has been expanded to include electronic information. Items 3 and 6 are intended to clarify these regulations relative to electronic information.

APPLICANT FINGERPRINT RESPONSE

SUBSCRIBER AGREEMENT

In accordance with section 11077 of the Penal Code, the Attorney General is responsible for the security of criminal offender record information. Section 707(a) of the California Code of Regulations requires that "Automated systems handling criminal offender record information and the information derived therefrom shall be secure from unauthorized access, alteration, deletion or release. The computer terminals shall be located in secure premises."

This agreement is between the (name of agency)_____ and the California Department of Justice for the purposes of the exchange of criminal offender record information. The above named agency agrees that:

- 1. Criminal offender record information and the information derived therefrom shall be accessible only to the records custodian and/or hiring authority charged with determining the suitability of the applicant.
- 2. Confidential information received electronically or via mail shall be used solely for the purpose for which it was requested and shall not be reproduced for secondary dissemination.
- 3. Notwithstanding other statutory authority, information received shall not be stored electronically and will be destroyed after the hiring or licensing determination. Destruction of this information shall be to the extent that the identity of the individual can no longer be reasonably ascertained.
- 4. Criminal history background checks have been completed on all individuals with access or proximity to terminals or fax machines receiving criminal offender record information.
- 5. Staff with access to criminal offender record information have received training and counseling on the handling of criminal offender record information and have signed employment statement forms acknowledging an understanding of the criminal penalties for the misuse of criminal offender record information (Penal Code Sections 502, 11142 and 11143).

6.	6. Reasonable measures shall be taken to locate terminals and fax ma protection from unauthorized access to criminal offender record in personnel. Access is defined as the ability to view criminal offender monitor or on paper.	formation by other than authorized
7.	7. Pursuant to Section 702 of the California Code of Regulations, authagreement may lose direct access to criminal offender record inform of Justice.	
——Ager	Agency Name	
Add	Address	
Phon	Phone	
Sign	Signature of Official	
 Print	Printed Name	
 Title	Title	

Please return the Request Form, Notification of ORI, Mail Code and/or Billing Number Assignment and Subscriber Agreement to: Department of Justice

P. O. Box 903417

Sacramento, CA 94203-4170 Attn: Applicant Program

Date

TERMS AND CONDITIONS FOR OPERATING STATE FUNDED APPLICANT LIVE SCAN DEVICES

To meet legislative mandates for operation of required equipment, the Department of Justice (DOJ) has developed the following requirements for agencies receiving and operating state-funded Live Scan devices:

1. FACILITIES

- A. Agency must agree to provide disability-compliant access for all applicants.
- B. Applicants must not have to pass through or be fingerprinted in an area accessible to unescorted arrestees.
- C. Applicants must have no interaction with trustees as part of the process.

2. PERSONNEL

- A. Agency must provide staffing to operate the live scan device.
- B. Agency must make the live scan device available for applicant processing during normal business hours.
- C. Agency must identify a lead live scan operator and a backup operator for operational communications with the DOJ's central site. These individuals will receive the initial vendor/DOJ training and will be expected to answer only generic-level questions.

3. COLLECTION OF FEES

- A. Agency must agree to collect all the DOJ and FBI required processing fees not billable to another agency and to fingerprint "fee exempt" applicants without charge.
- B. DOJ and FBI fees collected by the agency for applicant fingerprint processing must be remitted to DOJ in the form of an agency check or Electronic Fund Transfer (EFT). The DOJ Accounting Office will generate invoices, based on live scan transmission information, thirty days in arrears.
- C. An agency that charges a rolling fee must agree not to charge applicants for reprints due to fingerprint quality rejects.
- D. No personal checks are to be forwarded to DOJ.
- E. Each agency will identify a fiscal representative to respond to questions that arise regarding billing questions.

4. MAINTENANCE OF LIVE SCAN DEVICES

Maintenance costs for live scan devices will be paid by the agency receiving the equipment.

BUREAU OF CRIMINAL IDENTIFICATION AND INFORMATION P.O. BOX 903417 SACRAMENTO, CA 94203-4170

NOTIFICATION OF ORI, MAIL CODE AND/OR BILLING NUMBER ASSIGNMENT

Requesting Agency - please provide mailing label so that we may return			dressed
Γ		1	
L			
Listed below are the ORI, Mail for applicant responses. Should notify the Department of Justic above address, Attention: Application	d your Internet address e immediately. Please	or Fax number change	e, you must
ORI			
Mail Code			
Billing Number If separate response locations h	_		
If separate response locations h	ave been requested, th	e assigned codes are as	s follows:
	<u>ORI</u>	Mail Code	
Employment			
Licensing, Certification or Permit			
Volunteer			

Please return the Request Form, Notification of ORI, Mail Code and/or Billing Number Assignment and Subscriber Agreement to:

Department of Justice P.O. Box 903417 Sacramento, CA 94203-4170 Attn: Applicant Program

REQUEST FORM FOR ASSIGNMENT OF CONTRIBUTING AGENCY ORI AND/OR RESPONSE MAIL CODE

In order to submit via live scan, you must have an ORI code to identify your agency. Also, if you wish to receive an internet or FAX response, you must request a Response Mail Code. Please check below all that apply. If you wish to receive responses by U.S. mail, you need only request an ORI for live scan transmission. In order to receive a Mail Code number, you must have a completed Subscriber Agreement (copy enclosed) on file or included with this request. ☐ Request for Fax Mail Code Contributing Agency Name: _____ Mailing Address: _____ City, State and Zip Code: _____ Contact Person Name: _____ Phone Number: () _____ Please check the box(es) for the types of applicants for whom you will be submitting: Title or Position (i.e., Classified Employee) License, Certification, Permit _____ (Type) Identify Licensing Agency (as it would appear on Fingerprint card, i.e., Dept of Social Services) Volunteers If all responses will go to the same Internet address (or Fax number), please check and provide information here: Internet address - All Submissions _____ If no Internet, Fax number _____ If you wish to designate more than one Internet address (or Fax number) to receive responses at different locations (according to application type), please check and provide information here: Internet address - Employment ______ If no Internet, Fax number _____ Internet address - License, Certification, Permit ______ If no Internet, Fax number _____

ORI's and mail code number(s) will be assigned by the DOJ and returned to you on the attached form. Please fill in your agency address as indicated and enclose the form with your request.

If no Internet, Fax number _____

Internet address - Volunteers _____

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GUIDELINES FOR COMPLETING "REQUEST FORM FOR ASSIGNMENT OF CONTRIBUTING AGENCY ORI AND / OR RESPONSE MAIL CODE"

- Request for ORI: Check this box to request your agency's ORI code, assigned by DOJ.
 Request for Internet or Fax Mail Code: To receive an electronic response via the Internet or Fax, check this box. DOJ will assign a unique 5 digit code which will relate to this number. This is your Mail code, and should be used when submitting.
- 2. Contributing Agency Name: Agency Name as you currently submit on your fingerprint cards, or the name that appears on your authorization letter.

Mailing Address: Your Agency's mailing address.

City, State and Zip Code: Your Agency's city, state and zip code.

- 3. Contact Person Name: Enter name of the person within your agency DOJ can contact if any questions arise.
- **4. Phone Number:** Enter the contact person's phone number.
- **5. Employment:** Check this box if you submit for employees and enter title or position. If you submit for all employees, state "all employees".
- **6.** License, Certification, Permit: Check this box if you submit for licenses, certifications or permits and enter types. If you submit for all licenses, certifications and permits, enter "all".
- 7. If you checked the License, Certification, Permit box, please provide the licensing agency as it would appear on a fingerprint card.
- **8. Volunteers:** Check this box if you submit for volunteers.
- 9. If all responses will go to the same Internet address (or Fax number), please check and provide information here:

Internet address - All submissions: Enter your Agency's Internet address. If no Internet, Fax number: Enter your Agency's Fax number.

10. If you wish to designate more than one Internet address (or Fax number) to receive responses at different locations (according to application type), please check and provide information here:

Internet address - Employment: Enter your Agency's Internet address for employment responses.

If no Internet, Fax number: Enter your Agency's Fax number for employment responses.

Internet address - License, Certification, Permit: Enter your Agency's Internet address for license, certification and permit responses.

If no Internet, Fax number: Enter your Agency's Fax number for license, certification, and permit responses.

Internet address - Volunteers: Enter your Agency's Internet address for volunteer responses. If no Internet, Fax number: Enter your Agency's Fax number for volunteer responses.

REQUEST FORM FOR ASSIGNMENT OF CONTRIBUTING AGENCY ORI AND/OR RESPONSE MAIL CODE

In order to submit via live scan, you must have an ORI code to identify your agency. Also, if you wish to receive an internet or FAX response, you must request a Response Mail Code. Please check below all that apply. If you wish to receive responses by U.S. mail, you need only request an ORI for live scan transmission. In order to receive a Mail Code number, you must have a completed Subscriber Agreement (copy enclosed) on file or included with this request.

		equest for ORI
Contri	ibutir	ng Agency Name:
		ddress:
City, S	State	e and Zip Code:
		erson Name: Phone Number: ()
Please	e ch	eck the box(es) for the types of applicants for whom you will be submitting:
	Emp	oloyment <u>6</u>
		Title or Position (i.e., Classified Employee)
l	Licer	nse, Certification, Permit
		7
-		Identify Licensing Agency (as it would appear on Fingerprint card, i.e., Dept of Social Services)
,	Volu	inteers 8
		responses will go to the same Internet address (or Fax number), please check and provide mation here:
آ ۔		Internet address - All Submissions
		If no Internet, Fax number
		u wish to designate more than one Internet address (or Fax number) to receive responses at rent locations (according to application type), please check and provide information here:
		Internet address - Employment
		If no Internet, Fax number
		Internet address - License, Certification, Permit
		If no Internet, Fax number
-		Internet address - Volunteers
		If no Internet, Fax number

ORI's and mail code number(s) will be assigned by the DOJ and returned to you on the attached form. Please fill in your agency address as indicated and enclose the form with your request.

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI: Code assigned by DOJ Job Title or Type of License, Certification or Permit:	ne) Employment License, Certification, Permit Volunteer
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 Zi	p Code Contact Telephone No.
City State Zi	р Соце
Name of Applicant:	First MI
AKA's:	CDL No.
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.) If resubmission, list Original ATI No.	Level of Service DOJ FBI
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 Zi	p Code Agency Telephone No. (Optional)
Live Scan Transaction Completed By: Name of Ope	rator Date
Transmitting Agency A	TI No. Amount Collected/Billed

GUIDELINES FOR COMPLETING REQUEST FOR LIVE SCAN SERVICE APPLICANT SUBMISSION FORM

- 1. ORI: Agency's ORI code assigned by DOJ. You must request this in advance of submitting via live scan.
- 2. Type of Application: Check the appropriate box for employment, license, certification, permit, or volunteer. Only one box should be checked.
- 3. Job Title or Type of License, Certification, or Permit: Enter the job title or type of license, certification or permit for which the applicant is applying. If applicant is a volunteer, enter volunteer.
- **4. Agency Address Set Contributing Agency:** Enter contributing agency information (please print or attach a preprinted mailing label in this area).

Agency authorized to receive criminal history information: Agency Name.

Street No., Street or P.O. Box: Agency's Street address or P.O. Box.

City, State and Zip code: Agency's City, State and Zip code.

Mail Code: Agency's unique five digit code assigned by DOJ. This code applies only to those agencies who have indicated that they wish to receive an Internet or FAX response and have provided their Internet address or FAX number to DOJ. Five digit codes will be assigned by DOJ and provided to submitting agencies. You must request this in advance of submitting via live scan.

Contact Name: Contact person within your agency. (Schools must provide a contact name for serious/violent notification calls.)

Contact Telephone No.: Contact person's phone number.

5. Name of Applicant: Enter applicant's full name.

AKA's: Names (if any) the applicant has used. CDL No: California Driver's License Number

DOB: Date of Birth SEX: Gender (male or female) Misc. No. BIL: Enter Agency's billing number

(if applicable) SEE NOTE ON PAGE 2

HT: Height WT: Weight Misc. No.: Énter other identifying numbers.

(e.g., Other State Driver's License Number) **EYE Color:** Eye Color **HAIR Color:** Hair color **Home Address:** Home address (Applies only

to Youth Organization, Human Resource Agency

or Public Utility submissions)

POB: Place of Birth

SOC: Social Security Number

6. Your Number: Identifying numbers your agency has assigned to this applicant, if any.

Level of Service: Check the box for DOJ if you are requesting California information. You may also check the box for FBI if you are requesting information from other states and have authority to do so.

If resubmission, list Original ATI No.: Enter the original ATI number provided on the reject notification to avoid paying an additional processing fee.

7. Employer: If your contributing agency is **not** Department of Social Services, DMV/CHP licensing, or Department of Corporations **DO NOT COMPLETE THIS SECTION.**

If your agency is one of the above, enter the name and address of the additional agency to which a second response is to be sent, if required by law (you may place a preprinted mailing label in this area).

8. Live Scan Transaction Completed By (to be completed by live scan operator):

Name of Operator: Enter live scan operator's name.

Date: Enter transmission date.

Transmitting Agency: Enter transmitting agency's name.

ATI No.: Enter ATI number (Currently, this number is not available at the time of transaction).

Amount Collected/Billed: As indicated by live scan device.

It is important that the applicant return the second copy of the Request Form to the requesting (applicant) agency. Information on the form will be necessary for the agency to follow up on the submission.

NOTE: The billable agency may differ from the contributing agency. If not a billable agency, please advise applicant that they should be prepared to pay at the live scan agency (cash, check, or money order). Live scan agency fees are not included in DOJ's fees.

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI:	e) Employment License, Certification, Permit Volunteer
Job Title or Type of License, Certification or Permit:	
Agency Address Set Contributing Agency:	
Agency authorized to receive criminal history information	W-10 - 1 /5 - 1 /5 - 1 /5 - 1
Agency authorized to receive chininal 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	(
Only State Zip Code	Contact Telephone No.
Name of Applicant:	
Name of Applicant:	First MI
AKA's:	CDL No
DOB:SEX: Male Female	Misc No BII -
OLA Vidic Terridie	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
6	
Your Number:OCA No. (Agency Identifying No.)	
If resubmission, list Original ATI No	Level of Service DOJ FBI
Employer: (Additional response for Department of Social Services, I	DM//CHD linearing and December of Comments
Timployer: (Additional response for Department of Social Services, L	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)
Street of PO box	()
City State Zip	Code Agency Telephone No. (Optional)
Live Coop Transaction Consulated Dec	
Live Scan Transaction Completed By: Name of Operat	Date
Transmitting Agency ATI	No. Amount Collected/Billed

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission for Public Schools or Joint Powers Agencies

ORI: Code assigned by DOJ Type of Application: (check one) Classified School Emp	Credentialed School Emp
The following selections are for Public Schools only:	_ Oredentialed Gorioon Emp
License, Certification, Permit Peace Officer	Law Enforcement Personnel Volunteer
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:	First MI CDL No. Misc. No. BIL - Agency Billing Number (if applicable) Misc. No. Home Address: (Applies only if Youth Org/HRA or Public Utility submission) Street or PO Box
Your Number: OCA No. (Agency Identifying No.) If resubmission, list Original ATI No.	Level of Service DOJ FBI
Live Scan Transaction Completed By: Name of Operator	Date
Transmitting Agency ATI No.	Amount Collected/Billed

GUIDELINES FOR COMPLETING REQUEST FOR LIVE SCAN SERVICE APPLICANT SUBMISSION FORM - PUBLIC SCHOOLS OR JOINT POWERS AGENCIES

- 1. ORI: Agency's ORI code assigned by DOJ. You must request this in advance of submitting via live scan.
- 2. Type of Application: Check the appropriate box for employment, license, certification, permit or volunteer. Only one box should be checked. Please note if your agency is a Joint Powers Agency you only have two choices (i.e., classified or credentialed employee).
- Job Title or Type of License, Certification or Permit: Enter the job title or type of license, certification or permit for which the applicant is applying. If the applicant is a volunteer, enter volunteer.
- 4. Agency Address Set Contributing agency: Enter contributing agency information (please print or attach a preprinted mailing label in this area).

Agency authorized to receive criminal history information: Agency Name.

Street No., Street or P.O. Box: Agency's Street address or P.O. Box.

City, State and Zip code: Agency's City, State and Zip code.

Mail Code: Agency's unique five digit code assigned by DOJ. This code applies only to those agencies who have indicated that they wish to receive an Internet or FAX response and have provided their Internet address or FAX number to DOJ. Five digit codes will be assigned by DOJ and provided to submitting agencies. You must request this in advance of submitting via live scan.

Contact Name: Contact person within your agency. (Schools must provide a contact name for serious/violent notification calls.)

Contact Telephone No.: Contact person's phone number.

5. Name of Applicant: Enter applicant's full name.

AKA's: Names (if any) the applicant has used

DOB: Date of Birth SEX: Gender (male or female) Misc. No. BIL: Enter Agency's billing

· ·

HT: Height WT: Weight

Home Address: Home address (Applies only to

CDL No: California Driver's License Number

number (if applicable) **SEE NOTE ON PAGE 2 Misc. No.:** Enter other identifying numbers

Youth Organization, Human Resource Agency

(e.g., Other State Driver's License Number)

or Public Utility submissions)

FYF	Color:	Eve Color	HAIR	Color:	Hair	color

POB: Place of Birth

SOC: Social Security Number

Applicant Submission for Publi	c Schools or Joint Powers Agencies
ORI: Octobe assigned by DOJ Type of Application: (check one) License, Certification, Permit Peace Officer Job Title or Type of License, Certification or Permit:	☐ Credentialed School Emp ☐ Law Enforcement Personnel ☐ Volunteer
Agency Address Set Contributing Agency.	Mail Code (five-digit code assigned by DOJ)
Street No. Street or PO Box City State Zip Code	Contact Name (Mandatory for all school submissions) () Contact Telephone No.
Name of Applicant:	First MI CDL No
DOB:	Misc. No. BIL - Agency Billing Number (if applicable) Misc. No
POB:	Street or PO Box City, State and Zip Code
Your Number:OCA No. (Agency Identitying No.) If resubmission, list Original ATI No	Level of Service DOJ FBI
Live Scan Transaction Completed By	Date
Transmitting Agency ATI	No. Amount Collected/Billed

REQUEST FOR LIVE SCAN SERVICE

6. Your Number: Identifying numbers your agency has assigned to this applicant, if any.

Level of Service: Check the box for DOJ if you are requesting California information. You may also check the box for FBI if you are requesting information from other states and have authority to do so.

If resubmission, list Original ATI No.: Enter the original ATI number provided on the reject notification to avoid paying an additional processing fee.

7. Live Scan Transaction Completed By (to be completed by live scan operator):

Name of Operator: Enter live scan operator's name.

Date: Enter transmission date.

Transmitting Agency: Enter transmitting agency's name.

ATI No.: Enter ATI number (Currently, this number is not available at the time of

transaction).

Amount Collected/Billed: As indicated by live scan device.

It is important that the applicant return the second copy of the Request Form to the requesting (applicant) agency. Information on the form will be necessary for the agency to follow up on the submission.

NOTE: The billable agency may differ from the contributing agency. If not a billable agency, please advise applicant that they should be prepared to pay at the live scan agency (cash, check, or money order). Live scan agency fees are not included in DOJ's fees.

DEPARTMENT OF JUSTICE APPLICANT LIVE SCAN BILLING PROCEDURES

With the implementation of Applicant Live Scan, the DOJ developed new procedures for the collection of fees and billing information. The first requirement for participation in this process is providing the DOJ with billing authorization to allow fee collection for services provided. Authorization must be provided in one of the following ways: (1) non-state (e.g., law enforcement, public schools) live scan agencies must complete a Memorandum of Understanding; (2) state agencies (e.g., Highway Patrol, Social Services) with live scan devices must complete a new Interagency Agreement even if they currently have one; and (3) applicant agencies which wish to be billed for submitting fingerprints via live scan must complete a Fingerprint Services Billing Account Application. These documents will result in the assignment of a unique billing code which must be entered by the live scan operator on all live scan transmissions. The following actions must occur to generate a monthly invoice for services and to ensure that the correct agency is billed for services received.

- The live scan operator must input a billing number on every applicant live scan transmission to the DOJ. The billing number keyed should be either the number for the live scan agency or the licensing applicant agency, to be determined as follows:
 - <u>Live Scan Agency</u> if the live scan agency collects cash or a check for payment for the DOJ and/or federal services, the live scan agency <u>must be</u> the agency billed. In this case, the operator must always enter the billing number of the live scan agency into the transmission.

Please note that if the applicant is fee exempt, the live scan operator will not key in a billing number.

• <u>Applicant Agency</u> - if the live scan agency does not collect payment, then the contributing applicant agency <u>must be</u> the agency billed. In this case, the live scan operator must always enter the applicant agency's billing number on the transmission.

This number is found in the Contributing Agency Section (in the area titled "BIL") of the Applicant Submission form. This form must be provided by the applicant. If the applicant does not pay for services and there is no "BIL" number on the Applicant Submission form, the live scan operator should not fingerprint the applicant.

- The DOJ Accounting Office will generate invoices based on live scan transmission information thirty days in arrears. Agencies will generally receive invoices within the first ten working days of the month.
- Payment to the DOJ should be made within thirty days of receipt of the billing invoice.
- The live scan agency will be responsible for payment if the operator fails to input a billing number or inputs an incorrect billing number and/or applicant agency information, and the DOJ cannot determine which agency should be billed for the transmission.

Discrepancies or live scan invoice problems should be addressed directly to the Bureau of Criminal Identification and Information (BCII) at (916) 227-3870. Based on the monthly billing cycle, agencies will be billed for transmissions occurring between the 25th day of one month and the 24th day of the following month. If your agency disputes the monthly invoice, please be prepared to compare records on all applicants for which live scan transmissions were submitted during this time frame. The BCII live scan contact will have the applicant's name, social security number, and driver's license number (if given), date fingerprinted, and submitting applicant agency information.

To establish monthly billing and provide billing authorization, non-state agencies with a live scan device must complete a Memorandum of Understanding, state agencies with a live scan device must complete an Interagency Agreement, and applicant agencies submitting fingerprints via live scan must complete and return the Fingerprint Services Billing Account Application.

A Billing Cover Sheet (copy attached) must be submitted to provide DOJ with your agency's billing status. Please return the completed Billing Cover Sheet and the applicable billing document, if required, to the following address:

Department of Justice Bureau of Criminal Identification and Information P.O. Box 903417 Sacramento, CA 94203-4170 Attn: Applicant Program

DEPARTMENT OF JUSTICE APPLICANT FINGERPRINT SERVICES BILLING COVER SHEET

Completion of this form is required for all agencies requesting an ORI number. Applicant agencies who do not wish to establish a billing account with DOJ should check the appropriate box below, complete the agency information below and sign and return. Applicant agencies who currently have a billing account with DOJ or would like to establish one, please check the appropriate box and complete the applicable billing document described below.

		Do not establish a billing account at this time. Applicable fees will be paid at the time fingerprint services are rendered. (No additional forms are required.)
		Billing account currently exists with the DOJ. Account #
		Establish a billing account for Applicant Fingerprint Services.
site ar device	e re	Completion of one of the enclosed billing documents is required to provide the DOJ with horization to allow fee collection for services provided. Agencies with a live scan device on quired to maintain a billing account with the DOJ. Applicant agencies without a live scan shing to participate in the DOJ billing process must complete and sign the billing document to your agency, as described below.
•	Ag	te Agencies with a live scan device must complete the Interagency Agreement for Live Scan ency - (STD 13) Note: This form must be completed even if agency already has a billing atract with DOJ.
•	Un	n-state agencies with a live scan device must complete the Live Scan Agency Memorandum of derstanding (9/98) Note: This form must be completed even if agency already has a ling contract with DOJ.
•	Fin exi	plicant agencies wishing to be billed for submitting fingerprints via live scan <u>must</u> complete a gerprint Services Billing Account Application (11/98) Note: Applicant agencies with an sting billing contract with DOJ do not have to submit another billing account plication.
_		ame:
•		e, Zip:
		erson:
Phone	<u> </u>	
Autho	rize	d Signature:
Printe	d Na	ame and Title:

ONLY TO BE USED BY NON LIVE SCAN AGENCIES DEPARTMENT OF JUSTICE-APPLICANT AGENCY FINGERPRINT SERVICES BILLING ACCOUNT APPLICATION

PLEASE PRINT OR TYPE

APPLICATION DATE: .				
FIRM NAME:				
ADDRESS:				
CITY, STATE, ZIP:				
BILLING ADDRESS (IF DI	FFERENT):			
CONTACT PERSON:				
TELEPHONE NUMBER:				
FEDERAL ID OR SOCIAL	SECURITY NUMBER:			
BANK INFORMATION:	Name/Branch			
	Street	City	Ziţ)
	Account Number			
OWNERSHIP DATA: REFERENCES: Please giv	Sole Proprietorship Partnership Corporation School District te two companies that we make	St Fe	ocal Governme ate Governme deral Governme eferences.	nt
Name		Name		
Address		Address		
City State	Zip	City	State	Zip
Account Number		Account Number		
Telephone Number		Telephone Number		
I, the undersigned, have the above information is true as confirm all information her	nd correct. I give my pern	nission to the De	epartment of J	
Signature	Name and Title	Te	lephone Number	
Return to: Department of Ju Rureau of Cri	stice minal Identification and I	nformation		

This form constitutes an application to receive services from the DOJ and obligates the applying Agency for payment of any services received. Rates are subject to change with 30 days notice.

Attn: Applicant Program

Sacramento, CA 94203-4170

P.O. Box 903417

ORDER FORM

REQUEST FOR LIVESCAN SERVICE - APPLICANT SUBMISSION FORM BCII 8016/8016A

BY FAX: (916) 227-2000 BY PHONE: (916) 322-2209

Press Option 7

BY MAIL: DEPARTMENT OF JUSTICE

BUREAU OF CRIMINAL IDENTIFICATION AND INFORMATION

P.O. BOX 903417

SACRAMENTO, CA 94203-4170 ATTN: APPLICANT PROGRAM

PLEASE	INCLUDE	IHE	FOLLOW	ING	INFOR	MATION

AMOUNT ORDERED		_ (PLEASE LIMIT YOUR ORDER	TO A THREE MONTH SUPP	LY)
Agency:				
Contact Person:				
Mailing Address:		Street		
 Phone:	City	State	Zip	
Date Requested:				
FOR DOJ USE ONLY				
Date Mailed:				

SECURITY OF CRIMINAL OFFENDER RECORD INFORMATION

Criminal Offender Record Information (CORI) is information identified through fingerprint submission to the DOJ with a criminal record or "No Record". It is confidential information disseminated to applicant agencies authorized by California statute for the purposes of employment, licensing, certification and volunteer clearances. The following information describes each agency's responsibility toward accessing, storage, handling, dissemination and destruction of CORI.

Background

Penal Code Sections 11105 and 13300 identify who may have access to criminal history information and under what circumstances it may be released.

The California Department of Justice (DOJ) maintains the California Law Enforcement Telecommunications System (CLETS) that provides law enforcement agencies with information directly from federal, state and local computerized information files. However, restrictions have been placed on the user to ensure that the rights of all citizens of California are properly protected.

Article 1, Section 1 of the California Constitution grants California citizens an absolute right to privacy. Individuals or agencies violating these privacy rights place themselves at both criminal and civil liability. Laws governing Californian's right-to-privacy were created to curb, among other things, the excessive collection and retention of personal information by government agencies, the improper use of information properly obtained for a proper purpose, and lack of a reasonable check on the accuracy of existing records. (White v. Davis (1975) 13 Cal. 3d 757,775.)

Employment Background Checks

It is only through the submission of fingerprints to the DOJ that the true identity of an individual can be established. In a 1977 lawsuit (*Central Valley v. Younger*), the court ruled that only arrest entries resulting in conviction, and arrest entries that indicate active prosecution, may be provided for evaluation for employment, licensing, or certification purposes.

Exceptions

Some statutory provisions, such as those relating to youth organizations, schools and financial institutions, further limit information dissemination to conviction for specific offenses. Records provided for criminal justice agency employment as defined in Section 13101 of the Penal Code are exempt from these limitations. In addition, arrest information for certain narcotic and sex crimes, irrespective of disposition, will be provided for employment with a human resource agency as defined in Section 1250 of the Health and Safety Code. Other exceptions are listed in the CLETS Policies, Practices and Procedures (Section 1.6.1).

Unauthorized Access and Misuse

The unauthorized access and misuse of CORI may affect an individual's civil rights. Additionally, any person intentionally disclosing information obtained from personal or confidential records maintained by a state agency or from records within a system of records maintained by a governmental agency has violated various California statutes. There are several code sections which provide penalties for misuse or unauthorized use of CORI. (Please see attached list.)

Authorized Access

Criminal Offender Record Information shall be accessible only to the records custodian and/or hiring authority charged with determining the suitability for employment or licensing of an applicant. The information received shall be used by the requesting agency solely for the purpose for which it was requested and shall not be reproduced for secondary dissemination to any other employing or licensing agency.

Upon determination of an applicant's fitness, the records shall be destroyed to the extent that the identity of the individual can no longer be reasonably ascertained. (California Code of Regulations, Title 11, Section 708)

The retention and sharing of information between employing and licensing agencies are strictly prohibited. The retention and sharing of information infringe upon the right of privacy as defined in the California Constitution, and fails to meet the compelling state interest defined in *Loder v. Municipal Court* (1976) 17 Cal. 3d 859. In addition, maintenance of CORI separate from the information maintained by the DOJ precludes subsequent record updates and makes it impossible for DOJ to control dissemination of CORI as outlined in Section 11105 of the Penal Code.

CLETS Policies, Practices and Procedures states that any information transmitted or received via CLETS is confidential and for official use only by authorized personnel (Section 1.6.4). The California Code of Regulations, Article 1, Section 703, addresses the "right and need" to know CLETS-provided information.

California Codes Pertinent to Record Control and Release

For additional information, refer to the code sections listed below.

11075 PC	Defines Criminal Offender Record Information (CORI)			
13150 PC	Arrest fingerprint cards to DOJ			
13151 PC	Disposition information to DOJ			
11105 PC	Release of CORI information			
13300 PC	Release of local criminal history information			
11080 PC	Right to access of information authorized by other provisions of law			
11081 PC	No access on information unless otherwise authorized by law			
11142 PC	Authorized person furnishing record or information to unauthorized person			
13326 PC	Request of employee to obtain record or notification of existence of record; prohibition; violations; penalty			
6200 PC	Theft, destruction, falsification, or removal of information by officer custodian			
44237 EC	Private schools - employment background check			
44332 EC	Public schools - employment/certification background check			
45125 EC	Public schools - employment/noncertified background check			
667.5(c) PC	Violent felony defined			
1192.7(c) PC	Serious felony defined			
1798.53 CC	Disclosure of personal or confidential information			
708 CCR Destruction of Criminal Offender Record Information				

California Code Definitions:

PC	Penal Code	CC	Civil Code
GC	Government Code	CCR	Code of Regulations
EC	Education Code		