

LIVESCAN FINGERPRINTING PROCEDURE

STEP 1. MAKE AN APPOINTMENT

- Livescan fingerprinting is by appointment only.
- Livescan service is offered at the following times:
 - Tuesday from 9:00 a.m. to 10:45 a.m.
 - Thursday from 2:00 p.m. TO 4:30 p.m.
- Call Eileen Fahy-Resavy, (925) 299-3236, at the Lafayette Police Department to set an appointment.

STEP 2. ASSEMBLE DOCUMENTS TO BRING TO YOUR APPOINTMENT

- Driver's License or another valid government-issued photo identification
- Complete THREE copies of the Request for Live Scan Service form, available from the OSLC website or the church office.
- Blank check, debit card, or credit card for payment.
- Fees: Lafayette Resident \$25, Non-resident \$35.

STEP 3. ON THE DAY OF THE APPOINTMENT

- Take your driver's license, 3 copies of the form, and a form of payment to the Lafayette Police Station, 3471 Mt. Diablo Blvd, Lafayette. If you drive from the church, the Police Station will be on your left on Mt. Diablo Blvd.
- The appointment usually takes about 15-20 minutes.
- The Police Department will fill in their part of the Request for Live Scan forms, keep one copy, and return the other copies to you.
- If you wish to be reimbursed by the church be sure to get a printed payment receipt.

STEP 4. AFTER THE APPOINTMENT

- When you return to the church, turn in one copy of the Live Scan form to Pastor Dan.
- For reimbursement, turn in your receipt and a Payment Request Form (available from the church office) to Skip Ordway.

REQUEST FOR LIVE SCAN SERVICE
Applicant Submission

ORI: A7386 Type of Application: Volunteer
Code assigned by DOJ

Job Title or Type of License, Certification or Permit: Volunteer

Agency Address Set Contributing Agency:

Our Savior's Lutheran Church 00684
Agency authorized to receive criminal history information Mail Code (five digit code assigned by DOJ)

1035 Carol Lane
Street No. Street or PO Box

Daniel Senter
Contact Name (Mandatory for all school submissions)

Lafayette CA 94549 (925) 283-3722
City State Zip Code Contact Telephone No.

SAMPLE

Complete this section

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

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

Date of Birth: _____ **Sex:** Male Female **Misc. No. BIL -** Leave this line blank
Agency Billing Number

Height: _____ **Weight:** _____ **Misc. No.** Leave this line blank

Eye Color: _____ **Hair Color:** _____ **Home Address:** _____
Street or PO Box

Place of Birth: _____
City, State and Zip Code

SOC: _____

Leave these sections blank

Your Number: _____
OCA No. (Agency Identifying No.)

Level of Service DOJ FBI

If resubmission, list Original ATI No. _____

Employer: (Additional response for agencies specified by statute)

Employer Name

Street No. Street or PO Box

City State Zip Code

Mail Code (five digit code assigned by DOJ)

() _____
Agency Telephone No. (optional)

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

Transmitting Agency

ATI No.

Amount Collected / Billed

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