

**BOARD FOR PROFESSIONAL ENGINEERS, LAND SURVEYORS, AND GEOLOGISTS**

2535 Capitol Oaks Drive, Suite 300, Sacramento, California, 95833-2944

Telephone: (916) 263-2222 – Toll Free: 1-866-780-5370

Facsimile: (916) 263-2246

www.bpelsg.ca.gov

**LIVE SCAN INFORMATION**

California's Department of Justice (DOJ) provides statewide Live Scan, which is an electronic fingerprinting system with a subsequent automated background check and response. This system significantly expedites the fingerprint clearance process. Applicants residing outside of California may choose this option if visiting the state.

APPLICANTS WHO RESIDE IN CALIFORNIA MUST USE THE ELECTRONIC LIVE SCAN FINGERPRINT PROCESS. ONLY LIVE SCAN CENTERS LOCATED IN CALIFORNIA ARE AUTHORIZED FOR THIS PROCESS.

The "Request for Live Scan Service" form (below) must be completed to have your fingerprints processed by Live Scan. **This form must be completed in triplicate; therefore, THREE copies will be printed automatically when printing the form.**

Please ensure that all personal data (name, AKA's, date of birth, sex, height, weight, eye color, hair color, place of birth, social security number, California driver's license number and home address) is provided on each of the three forms. The last section of the form requires information from the fingerprint agency; please ensure this information is completed or the forms will be considered void. **It is the responsibility of the applicant to ensure that the person scanning the fingerprints submits TWO digital prints, one for the DOJ and one for the FBI.**

Applicants can access DOJ's website, <http://oag.ca.gov/fingerprints/locations> to obtain the names and location of approved fingerprint sites. Information pertaining to the need for appointments, hours of availability, and rolling fees are also available through that Web site. **After completing the Live Scan process, applicants must submit ONE of the THREE pages with the initial application to the Board to document the scanning of their fingerprints.** The results of Live Scan fingerprints are processed electronically by DOJ and typically received by the Board within two to three weeks.

APPLICANTS RESIDING OUTSIDE CALIFORNIA**ALL APPLICANTS FOR CALIFORNIA LICENSURE/CERTIFICATION MUST SUBMIT FINGERPRINTS**

If you do not reside in California, you have the option of traveling to California to visit a Live Scan location or completing the paper fingerprint cards. You may request a set of Board approved fingerprint cards online at: <https://www.dca.ca.gov/webapps/bpelsg/fprequests.php>. Once the Board receives your fingerprint cards, the Board will forward them to DOJ for manual processing. The Board typically receives the results within twelve (12) weeks.

FOR MORE INFORMATION

For information about the fingerprint clearance process and timeframes, please go to DOJ's website at:

<http://oag.ca.gov/consumers/morefaqs>

When the impressions are of such poor quality that they cannot be searched in DOJ's fingerprint data base, the fingerprints (whether Live Scan or paper card) will be rejected and reprints will be necessary. Therefore, please advise the person processing your fingerprints that extra care needs to be given to ensure that clear impressions have been made.

FEES

If you use Live Scan, you will be charged \$49 in processing fees (\$32 DOJ, \$17 FBI) in addition to an administrative fee charged by the Live Scan location that scans the prints. **No additional Fingerprint fees are due to the Board.**

If you use paper fingerprint cards, you will be charged an administrative fee by the facility that provides the inked impressions. This is in addition to the \$49 fingerprint processing fee that must be paid to the Board for Professional Engineers, Land Surveyors, and Geologists with your application sent to the address above.

NOTE: The fees are not set by the Board and are subject to change without notice.

FINGERPRINT CLEARANCES FROM BOTH THE DOJ AND THE FBI MUST BE RECEIVED PRIOR TO THE ISSUANCE OF A LICENSE OR CERTIFICATE IN CALIFORNIA.

If you have ever been convicted of a misdemeanor or felony, the record of conviction will be reported to the Board as a result of your fingerprint inquiry.

Instructions for Live Scan Submission

1. This form will automatically print three (3) copies of the same form. You must take all three (3) copies to the Live Scan location.
2. The following fields are to be typed or clearly printed in black ink only by the applicant. All fields are required to be filled out unless otherwise specified. **It is your responsibility to ensure that all required fields are completely filled out.**
 - **Name** – Last name, First Name, Middle Name (if applicable)
 - **Alias** – Any other name ever used (if applicable, e.g. maiden name)
 - **Driver's License No.**
 - **Date of birth** – MM/DD/YYYY
 - **Sex** – "M" or "F"
 - **Height** (in feet and inches)
 - **Weight** (in pounds)
 - **Eye color**
 - **Hair color**
 - **Place of Birth** (state or country)
 - **SOC** – Your social security or ITIN number
 - **Home Address**

DO NOT COMPLETE ANY OTHER FIELDS, THEY ARE NOT REQUIRED. IF YOU COMPLETE THE EMPLOYER SECTION, A COPY OF THE RESULTS MAY BE SENT TO THEM AS WELL.

3. Go to an agency [that is licensed or certified to roll prints](#). The technician **must** complete and sign the last box on all three copies of the Live Scan form.

Please note: You must present valid government issued photo identification when being fingerprinted. Expired identification information will not be accepted.

4. The Live Scan location will charge you the \$49 processing fees (\$32 DOJ and \$17 FBI), as well as the Live Scan "rolling" fee. The rolling fees vary as each Live Scan location sets its own fee. The listing of [Live Scan Locations](#) includes information indicating the rolling fee for each location.

NOTE: The fees are not set by the Board and are subject to change without notice.

5. The copies of the Live Scan form will be distributed as follows:
 - Top copy – The Live Scan technician will keep this copy.
 - Second Copy – Return this page with your application along with the applicable application and examination fees to the Board to the address at the top of the application. Without that form, we will be unable to retrieve your results from DOJ and FBI.
 - Third Copy – Keep this copy for your records in case you should need to send another copy to the Board for processing.



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

A1594

Eng/Lnd Svy

ORI (Code assigned by DOJ)

Authorized Applicant Type

License/Cert BPC Sec 144

Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

Contributing Agency Information:

CASPROF ENGRS/Land Survy

19032

Agency Authorized to Receive Criminal Record Information

Mail Code (five-digit code assigned by DOJ)

2535 Capitol Oaks Drive, Suite 300

Cheryl Guidi

Street Address or P.O. Box

Contact Name (mandatory for all school submissions)

Sacramento

CA 95833

(916) 263-2325

City

State ZIP Code

Contact Telephone Number

Applicant Information:

Last Name

First Name Middle Initial Suffix

Other Name (AKA or Alias) Last

First Suffix

Date of Birth Sex Male Female

Driver's License Number

Height Weight Eye Color Hair Color

Billing Number **Applicant will pay**
(Agency Billing Number)

Place of Birth (State or Country) Social Security Number

Misc. Number
(Other Identification Number)

Home Address Street Address or P.O. Box

City State ZIP Code

Your Number: _____
OCA Number (Agency Identifying Number)

Level of Service: DOJ FBI

If re-submission, list original ATI number:
(Must provide proof of rejection)

Original ATI Number _____

Employer (Additional response for agencies specified by statute):

Employer Name

Mail Code (five digit code assigned by DOJ)

Street Address or P.O. Box

City State ZIP Code

Telephone Number (optional)

Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency LSID

ATI Number

Amount Collected/Billed



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

A1594

Eng/Lnd Svy

ORI (Code assigned by DOJ)

Authorized Applicant Type

License/Cert BPC Sec 144

Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

Contributing Agency Information:

CASPROF ENGRS/Land Survy

19032

Agency Authorized to Receive Criminal Record Information

Mail Code (five-digit code assigned by DOJ)

2535 Capitol Oaks Drive, Suite 300

Cheryl Guidi

Street Address or P.O. Box

Contact Name (mandatory for all school submissions)

Sacramento

CA 95833

(916) 263-2325

City

State ZIP Code

Contact Telephone Number

Applicant Information:

Last Name

First Name Middle Initial Suffix

Other Name

First Suffix

(AKA or Alias) Last

Date of Birth

Sex Male Female

Driver's License Number

Height

Weight

Eye Color

Hair Color

Billing Number

Applicant will pay

(Agency Billing Number)

Place of Birth (State or Country)

Social Security Number

Misc. Number

(Other Identification Number)

Home

Address Street Address or P.O. Box

City State ZIP Code

Your Number:

OCA Number (Agency Identifying Number)

Level of Service: DOJ FBI

If re-submission, list original ATI number:
(Must provide proof of rejection)

Original ATI Number

Employer (Additional response for agencies specified by statute):

Employer Name

Mail Code (five digit code assigned by DOJ)

Street Address or P.O. Box

City State ZIP Code

Telephone Number (optional)

Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency

LSID

ATI Number

Amount Collected/Billed



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

A1594

Eng/Lnd Svy

ORI (Code assigned by DOJ)

Authorized Applicant Type

License/Cert BPC Sec 144

Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

Contributing Agency Information:

CASPROF ENGRS/Land Survy

19032

Agency Authorized to Receive Criminal Record Information

Mail Code (five-digit code assigned by DOJ)

2535 Capitol Oaks Drive, Suite 300

Cheryl Guidi

Street Address or P.O. Box

Contact Name (mandatory for all school submissions)

Sacramento

CA 95833

(916) 263-2325

City

State ZIP Code

Contact Telephone Number

Applicant Information:

Last Name

First Name Middle Initial Suffix

Other Name

First Suffix

(AKA or Alias) Last

Date of Birth

Sex Male Female

Driver's License Number

Height

Weight

Eye Color

Hair Color

Billing Number

Applicant will pay

(Agency Billing Number)

Place of Birth (State or Country)

Social Security Number

Misc. Number

(Other Identification Number)

Home

Address Street Address or P.O. Box

City State ZIP Code

Your Number:

OCA Number (Agency Identifying Number)

Level of Service: DOJ FBI

If re-submission, list original ATI number:
(Must provide proof of rejection)

Original ATI Number

Employer (Additional response for agencies specified by statute):

Employer Name

Mail Code (five digit code assigned by DOJ)

Street Address or P.O. Box

City

State

ZIP Code

Telephone Number (optional)

Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency

LSID

ATI Number

Amount Collected/Billed