

LIVE SCAN FINGERPRINTING INSTRUCTIONS

Fill out all of the information in the middle box of both attached forms, from "Name of Applicant" to "Home Address" on both forms. Take the completed forms to your appointment.

- To ensure the safety of everyone and the efficiency of the Fingerprint/Livescan services please:
- Be on time. Late appointments will be asked to reschedule.
- Individuals with open wounds on their fingers cannot be fingerprinted, please reschedule when healed.
- Perfume, lotion, or oil based products should not be worn the day of the appointment.
- All cell phones and non-medical related electronic devices should be turned off prior to entering the facilities.
- Pets and nonessential individuals should not attend an applicant's appointment.

Fingerprint/Live Scan services are offered at two locations in Marin County.

1. **MAIN OFFICE:** For the Main Office at Marin Commons location, please call at **Least 5 Days In Advance**, telephone the Marin County Sheriff's Office to make an appointment.

Main Office – Marin Commons

1600 Los Gamos, Ste. 200
San Rafael, CA 94903
(415) 473-7286

Hours of Operation

Monday - Wednesday, 7:30 AM - 4:30 PM
Thursday 7:30 AM - 4 PM

By appointments only!

DIRECTIONS:

Going south on Hwy. 101, take the Lucas Valley Road/Smith Ranch Road exit.
Turn left onto Lucas Valley Road
Turn left onto Los Gamos Drive

2. **MARIN CITY SUBSTATION:** The Marin City Substation only offers same day appointments. Call after 7:40 on the morning you wish to make an appointment.

Marin City Substation

850 Drake Ave
Marin City, CA 94965
(415) 473-5381

Hours of Operation

Tuesday - Friday, and every other Monday
8:00 AM - 3:00 PM

SUBJECT TO STAFF AVAILABILITY!

***Same day appointments only - call
after 7:40 am!***



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI (Code assigned by DOJ)

Authorized Applicant Type

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

Contributing Agency Information:

Agency Authorized to Receive Criminal Record Information

Mail Code (five-digit code assigned by DOJ)

Street Address or P.O. Box

Contact Name (mandatory for all school submissions)

City State ZIP Code

Contact Telephone Number

Applicant Information:

Last Name First Name Middle Initial Suffix

Other Name: (AKA or Alias)

Last Name First Name Suffix

Sex Male Female

Date of Birth Driver's License Number

Height Weight Eye Color Hair Color Billing Number

(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

I have received and read the included Privacy Notice, Privacy Act Statement, and Applicant's Privacy Rights.

Applicant Signature

Date

Your Number: _____
OCA Number (Agency Identifying Number)

Level of Service: DOJ FBI

(If the Level of Service indicates FBI, the fingerprints will be used to check the criminal history record information of the 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

Street Address or P.O. Box Telephone Number (optional)

City State ZIP Code Mail Code (five digit code assigned by DOJ)

Live Scan Transaction Completed By:

Name of Operator Date

Transmitting Agency LSID ATI Number Amount Collected/Billed