CALIFORNIA STATE BAR FINGERPRINTING FORM

		REQUEST FOR LIV	E SCAN SERVICE	Applicant	Submission	AT 100 LOUIS
A1104			LICENSE CE	RT OR PERMIT		
ORI (Code assigned by DOJ)			Authorized Applica	ant Type		
ATTORNEY LICENSE						
Type of License/Certification/Permit OR Working Ti	tle (Maxir	mum 30 characters - if a	ssigned by DOJ, use ex	act title assigned.)		
Contributing Agency Information:						
THE STATE BAR OF CALIFORNIA						
Agency Authorized to Receive Criminal Record Information			Mail code (five-digit code assigned by DOJ)			
845 S. FIGUEROA STREET						
Street Address or P O. Box			Contact Name (ma	ndatory for all school submission	s)	
LOS ANGELES	CA	90017				
City	State	Zipcode	Contact Telephone	Number		
Applicant Information:						
Last Name	First Na	ame		Middle Initial		Suffix
Other Name						
(AKA or Alias) Last Name			First Name		Middle Initial	Suffix
	_					
Date of Birth Sex Male		lle	Driver's License Nu	ımber		
			Billing APPL	ICANT MUST PAY AT	LIVE SCAN	N SITE
Height Weight Eye Color		ir Color	Niumahar	Billing Number		
			Misc			
Place of Birth (State or Country)	Social Se	ecurity Number	Number	entification Number		
Home						
Address Street Address or P.O. Box			City		State Zip	ocode
Must be obtain	ed via My	y State Bar Profile				
Varia Niverkani			Level of Service:	✓ DOJ ✓ FBI		
Your Number: OCA Number (Agency Identification	fying Num	nber / CAL BAR#)				
If re-submission, list original ATI number:(Must p	rovide pr	oof of rejection) >	Original ATI Numb	per		
Employer (Additional response for agenc	ies spe	cified by statute):				
THE STATE BAR OF CALIFORNIA		,.				
Employer Name			Mail code (five-digi	t code assigned by DOJ)		
845 S. FIGUEROA STREET			a codo (c d.g.	. oodo doo.god 2, 200,		
Street Address or P O. Box						
LOS ANGELES	CA	90017				
City	State	Zipcode	Telephone Number	(optional)		
Live Scan Transaction Completed By:						
Name of Operator			Date			
			Duto			
Transmitting Agency		LSID	ATI Number		Amount Collec	cted/Billed

Live Scan Form Check List

When completing the form you must provide the following:

- ✓ **Height** Express in feet and inches. Do not use fractions. Round off to the nearest inch. (Example 5'11" or 6'0")
- ✓ Weight Express in pounds. Do not use fractions. Round off to the nearest pound.
- ✓ Eye Color Black BLK, Blue BLU, Brown BRN, Gray GRY, Green GRN, Hazel HAZ, Maroon MAR, Pink PNK
- ✓ <u>Hair Color</u> Bald BAL, Black BLK, Blond or Strawberry BLN, Brown BRN Gray/ partially GRY Red or Auburn RED, Sandy SDY White WHI
- ✓ **Place of Birth** Enter city, state, and country
- ✓ Social Security Is the social security number incorrect? If so, contact the State Bar to request an updated Live Scan form.
- ✓ Address Enter home address.

<u>Please note:</u> The DOJ Live Scan process requires the "Employer" section of the form to indicate "The State Bar of California". Do not modify this section. *Please contact The State Bar, if your personal information is inaccurate or missing.*

Live Scan Form Technician Check List

Review this check list with your Live Scan technician. Confirm technician has accurately entered the following information into the Live Scan program:

- ✓ ORI A1104
- ✓ Authorized Applicant Type: LICENSE CERT OR PERMIT
- ✓ Type of License: ATTORNEY LICENSE
- ✓ Mail Code: 22506
- Correct Social Security Number and Date of Birth
- ✓ OCA # (if populated)
- ✓ Completes the bottom of your Live Scan form and provides a legible ATI number, see image below.

Live Scan Transaction Completed By:			
Name of Operator		Date	
Transmitting Agency	I SID	ATI Number	Amount Collected/Rilled

Submit Proof of Live Scan Check List

- Retain a copy of the signed Live Scan Form. Ask the technician about their fingerprint rejection policy. Confirm that you can return to the vendor and resubmit your fingerprints, if your fingerprints are rejected by the DOJ.
- ✓ **Retain the ATI number.** Return to your My State Bar Profile and select the Fingerprinting Rule