



BOARD OF OPTOMETRY  
2420 DEL PASO ROAD, SUITE 255  
SACRAMENTO, CALIFORNIA 95834  
TEL: (916) 575-7170  
[www.optometry.ca.gov](http://www.optometry.ca.gov)



FACT SHEET  
FINGERPRINTING INFORMATION

Pursuant to Business and Professions Code §144, all applicants for an optometric license are required to furnish the State Board of Optometry a full set of fingerprints for purposes of conducting criminal history record checks. The Board may obtain and receive, at its discretion, criminal history information from the Department of Justice and the United States Federal Bureau of Investigation.

CALIFORNIA RESIDENTS:

All applicants who wish to have their fingerprints taken in the State of California must use the "Request For Live Scan Service" form. The request form can be obtained by clicking on the link "Forms and Publications", and then clicking on Request for Live Scan Service Form.

If you are unable to download this form, please contact the Board and request that this form be sent to you.

For information on live scan service locations and fees, go to the California Office of the Attorney General's web site at [www.caag.state.ca.us](http://www.caag.state.ca.us), click on "Fingerprint Submissions", then click on "List of Applicant Live Scan Sites". You will need to click on the county where you wish to have your live scan form processed.

A scanning fee may be collected when you get your fingerprints scanned. Since this fee varies widely among locations, you may want to review the cost before going to a live scan site. Be sure to check for any restrictions on method of payment, such as cash, money order only or if any appointment is required.

In addition to the scanning fee, a criminal history reporting fee of \$51.00 will be charged at the time you submit for live scan service.

If you wish to check the status of your background check, you can use the Department of Justice 24-hour automated telephone system. The phone number is (916) 227-4557. You will need the following information:

(1) Your date of birth or social security number; and/or (2) The 10-digit ATI (automated Transaction Identifier) number that appears at the bottom of the REQUEST FOR LIVE SCAN SERVICE form. The ATI number always appears in the following sequence: 1 letter; 3 numbers; 3 letters and 3 numbers.

NON-CALIFORNIA RESIDENTS:

Applicants who cannot have their fingerprints taken in the State of California must use a paper fingerprint card and service. The card is obtained by submitting your request to the Board. You must take this card to any local, state or other law enforcement agency for taking your fingerprints.

A fingerprint-rolling fee may be collected when you get your fingerprints taken. Since this fee varies widely among locations, you may want to review the cost before going to a fingerprint site. Be sure to check for any restrictions on method of payment, such as cash, money order only or if any appointment is required.

In addition to the fingerprint-rolling fee you pay at the time your fingerprints are taken, a criminal background reporting fee of \$51.00 is to be submitted to the Board along with your fingerprint card. You may make this fee payable to the Board of Optometry.

If you wish to check the status of your background check, you can use the Department of Justice 24-hour automated telephone system. The phone number is (916) 227-4557. You will need the following information:

(1) Your date of birth or social security number; and/or (2) The 10-digit ATI (automated Transaction Identifier) number that appears at the bottom of the REQUEST FOR LIVE SCAN SERVICE form. The ATI number always appears in the following sequence: 1 letter; 3 numbers; 3 letters and 3 numbers.

PROCESSING TIME:

Please allow a minimum of two (2) weeks before making a status inquiry.

# REQUEST FOR LIVE SCAN SERVICE

## Applicant Submission

ORI: A0062 Type of Application: LICENSE, CERTIFICATION, PERMIT  
Code assigned by DOJ

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

Agency Address Set Contributing Agency:

CALIFORNIA STATE BOARD OF OPTOMETRY

06487

Agency authorized to receive criminal history information

Mail Code (five digit code assigned by DOJ)

2420 DEL PASO ROAD, SUITE 255

JEFF ROBINSON

Street No. Street or P.O. Box

Contact Name (Mandatory for all school submissions)

Sacramento

CA

95834-9674

575-7170

City

State

Zip Code

Contact Telephone No.

Name of Applicant: \_\_\_\_\_  
(please print) Last First MI

Alias: \_\_\_\_\_ Driver's License No. \_\_\_\_\_  
Last First

Date of Birth: \_\_\_\_\_ Sex:  Male  Female Misc. No. **BIL-** N/A  
Agency Billing Number (if applicable)

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Misc. No: N/A

Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Home Address: \_\_\_\_\_  
Street or P.O. Box

Place of Birth: \_\_\_\_\_  
City, State and Zip Code

SOC: \_\_\_\_\_

Your Number: N/A  
OCA No. (Agency Identifying No.)

Level of Service  DOJ  FBI

If resubmission, list Original ATI No. \_\_\_\_\_

Employer: (Additional response for agencies specified by statute)

N/A

Employer Name

N/A N/A

N/A

Street No. Street or P.O. Box

Mail Code (five digit code assigned by DOJ)

N/A N/A N/A

City State Zip Code

( ) N/A

Agency Telephone No. (optional)

Live Scan Transaction Completed By: \_\_\_\_\_ Date: \_\_\_\_\_  
Name of Operator

Transmitting Agency

ATI No.

Amount Collected/Billed

# REQUEST FOR LIVE SCAN SERVICE

## Applicant Submission

ORI: AOO62 Type of Application: LICENSE, CERTIFICATION, PERMIT  
Code assigned by DOJ  
Job Title or Type of License, Certification or Permit: OPTOMETRIST

Agency Address Set Contributing Agency: CALIFORNIA STATE BOARD OF OPTOMETRY 06487  
Agency authorized to receive criminal history information Mail Code (five digit code assigned by DOJ)  
2420 DEL PASO ROAD, SUITE 255 JEFF ROBINSON  
Street No. Street or P.O. Box Contact Name (Mandatory for all school submissions)  
SACRAMENTO CA 95834-9674 575-7170  
City State Zip Code Contact Telephone No.

Name of Applicant: \_\_\_\_\_  
(please print) Last First MI  
Alias: \_\_\_\_\_ Driver's License No. \_\_\_\_\_  
Last First  
Date of Birth: \_\_\_\_\_ Sex:  Male  Female Misc. No. **BIL-** N/A  
Agency Billing Number (if applicable)  
Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Misc. No: \_\_\_\_\_ N/A  
Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Home Address: \_\_\_\_\_  
Street or P.O. Box  
Place of Birth: \_\_\_\_\_  
City, State and Zip Code  
SOC: \_\_\_\_\_

Your Number: N/A Level of Service  DOJ  FBI  
OCA No. (Agency Identifying No.)  
If resubmission, list Original ATI No. \_\_\_\_\_

Employer: (Additional response for agencies specified by statute)  
N/A  
Employer Name  
N/A N/A N/A  
Street No. Street or P.O. Box Mail Code (five digit code assigned by DOJ)  
N/A N/A N/A (N/A)  
City State Zip Code Agency Telephone No. (optional)

Live Scan Transaction Completed By: \_\_\_\_\_ Date: \_\_\_\_\_  
Name of Operator  
Transmitting Agency \_\_\_\_\_ ATI No. \_\_\_\_\_ Amount Collected/Billed

# REQUEST FOR LIVE SCAN SERVICE

## Applicant Submission

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Contact Name (Mandatory for all school submissions)

SACRAMENTO CA 95834-9674

575-7170

City State Zip Code

Contact Telephone No.

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(please print) Last First MI

Alias: \_\_\_\_\_ Driver's License No. \_\_\_\_\_  
Last First

Date of Birth: \_\_\_\_\_ Sex:  Male  Female Misc. No. **BIL-** N/A  
Agency Billing Number (if applicable)

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Misc. No: N/A

Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Home Address: \_\_\_\_\_  
Street or P.O. Box

Place of Birth: \_\_\_\_\_  
City, State and Zip Code

SOC: \_\_\_\_\_

Your Number: N/A Level of Service  DOJ  FBI  
OCA No. (Agency Identifying No.)

If resubmission, list Original ATI No. \_\_\_\_\_

Employer: (Additional response for agencies specified by statute)

N/A

Employer Name

N/A N/A N/A

Street No. Street or P.O. Box Mail Code (five digit code assigned by DOJ)

N/A N/A N/A ( N/A )

City State Zip Code Agency Telephone No. (optional)

Live Scan Transaction Completed By: \_\_\_\_\_ Date: \_\_\_\_\_  
Name of Operator

Transmitting Agency \_\_\_\_\_ ATI No. \_\_\_\_\_ Amount Collected/Billed \_\_\_\_\_