



Physical Therapy Board of California

BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY – GOVERNOR EDMUND G. BROWN JR.

DEPARTMENT OF CONSUMER AFFAIRS

**PHYSICAL THERAPY BOARD OF CALIFORNIA**

2005 Evergreen St., Suite 1350, Sacramento, California 95815

Phone: (916) 561-8200 Fax: (916) 263-2560

Email: [pta@dca.ca.gov](mailto:pta@dca.ca.gov) | [www.ptbc.ca.gov](http://www.ptbc.ca.gov)

## LIVE SCAN INSTRUCTIONS

1. Complete PTBC's Request for Live Scan Service form.
2. Locate a Live Scan operator and make an appointment if necessary.
3. Take the completed Request for Live Scan Service form to the Live Scan site.
4. Have a passport or state-issued photo identification.
5. Pay the processing and preparation fees at the Live Scan site.
6. Verify with the Live Scan operator that your fingerprints were submitted for both Department of Justice (DOJ) and Federal Bureau of Investigation (FBI) processing.
7. Submit one copy of the Request for Live Scan Service form with your PTBC application.

### REASONS FOR DELAYS AND HOW TO AVOID THEM

**1. Issue: Fingerprint results do not include FBI.**

Avoid this by verifying with the Live Scan operator that fingerprints were submitted for BOTH DOJ and FBI processing.

**2. Issue: Personal information is entered incorrectly.**

Avoid this by asking the Live Scan operator to verify that your name, Social Security number, and date of birth are entered correctly.

**3. Issue: PTBC cannot send a follow-up request to DOJ because it doesn't have the Live Scan information.**

Avoid this by submitting a copy of the Request for Live Scan Service form (after fingerprinting) to PTBC with your application.

### CHECKING ON THE STATUS OF FINGERPRINT SUBMISSION

PTBC cannot provide fingerprint processing status unless DOJ has communicated processing results to PTBC. To check the status of fingerprint processing, call the DOJ's 24-hour automated phone service at (916) 227-4557. You will need to enter your date of birth and the 10-digit Automated Transaction Identifier (ATI) number entered on the Request for Live Scan Service form after completion. The ATI number always appears in the following sequence: 1 LETTER; 3 NUMBERS; 3 LETTERS; and 3 NUMBERS.



# REQUEST FOR LIVE SCAN SERVICE

## Applicant Submission

A0432  
ORI (Code assigned by DOJ)

License  
Authorized Applicant Type

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

### Contributing Agency Information:

Physical Therapy Board of California  
Agency Authorized to Receive Criminal Record Information

05633  
Mail Code (five-digit code assigned by DOJ)

2005 Evergreen Street, Suite 1350  
Street Address or P.O. Box

Contact Name (mandatory for all school submissions)

Sacramento CA 95815  
City State ZIP Code

(916) 561-8200  
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 must pay - N/A  
(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):

This section is not applicable.  
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

### Privacy Notice

As Required by Civil Code § 1798.17

**Collection and Use of Personal Information.** The California Justice Information Services (CJIS) Division in the Department of Justice (DOJ) collects the information requested on this form as authorized by Business and Professions Code sections 4600-4621, 7574-7574.16, 26050-26059, 11340-11346, and 22440-22449; Penal Code sections 11100-11112, and 11077.1; Health and Safety Code sections 1522, 1416.20-1416.50, 1569.10-1569.24, 1596.80-1596.879, 1725.-1742, and 18050-18055; Family Code sections 8700-87200, 8800-8823, and 8900-8925; Financial Code sections 1300-1301, 22100-22112, 17200-17215, and 28122-28124; Education Code sections 44330-44355; Welfare and Institutions Code sections 9710-9719.5, 14043-14045, 4684-4689.8, and 16500-16523.1; and other various state statutes and regulations. The CJIS Division uses this information to process requests of authorized entities that want to obtain information as to the existence and content of a record of state or federal convictions to help determine suitability for employment, or volunteer work with children, elderly, or disabled; or for adoption or purposes of a license, certification, or permit. In addition, any personal information collected by state agencies is subject to the limitations in the Information Practices Act and state policy. The DOJ's general privacy policy is available at <http://oag.ca.gov/privacy-policy>.

**Providing Personal Information.** All the personal information requested in the form must be provided. Failure to provide all the necessary information will result in delays and/or the rejection of your request.

**Access to Your Information.** You may review the records maintained by the CJIS Division in the Department of Justice that contain your personal information, as permitted by the Information Practices Act. See below for contact information.

**Possible Disclosure of Personal Information.** In order to process applications pertaining to Live Scan service to help determine the suitability of a person applying for a license, employment, or a volunteer position working with children, the elderly, or the disabled, we may need to share the information you give us with authorized applicant agencies.

The information you provide may also be disclosed in the following circumstances:

- o With other persons or agencies where necessary to perform their legal duties, and their use of your information is compatible and complies with state law, such as for investigations or for licensing, certification, or regulatory purposes;
- o To another government agency as required by state or federal law.

**Contact Information.** For questions about this notice or access to your records, you may contact the DOJ's Keeper of Records at (916) 210-3310 or by email at [keeperofrecords@doj.ca.gov](mailto:keeperofrecords@doj.ca.gov) or by mail at:

Department of Justice  
Bureau of Criminal Information & Analysis  
Keeper of Records  
P.O. Box 903417  
Sacramento, CA 94203-4170