

## 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
- ✓ **Hair Color** – 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.

**Please note:** 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.*

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## 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

LSID

ATI Number

Amount Collected/Billed

## 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 Compliance Documents link to submit proof of Live Scan using your ATI number.

# REQUEST FOR LIVE SCAN SERVICE

## Applicant Submission

A1104

ORI (Code assigned by DOJ)

LICENSE CERT OR PERMIT

Authorized Applicant Type

ATTORNEY LICENSE

Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact 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 (mandatory for all school submissions)

LOS ANGELES

CA

90017

City

State

Zipcode

Contact Telephone Number

Applicant Information:

Last Name

First Name

Middle Initial

Suffix

Other Name

(AKA or Alias) Last Name

First Name

Middle Initial

Suffix

Date of Birth

Sex

Male

Female

Driver's License Number

Billing  
Number

**APPLICANT MUST PAY AT LIVE SCAN SITE**

Agency Billing Number

Misc  
Number

Other Identification Number

Height

Weight

Eye Color

Hair Color

Place of Birth (State or Country)

Social Security Number

Home

Address Street Address or P.O. Box

City

State

Zipcode

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):

THE STATE BAR OF CALIFORNIA

Employer Name

Mail code (five-digit code assigned by DOJ)

845 S. FIGUEROA STREET

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

Transmitting Agency

LSID

ATI Number

Amount Collected/Billed