



BEST PRACTICES FOR LIVE SCAN FOR CTC PURPOSES

In order to expedite the CTC process, please read through each guideline below and check each box once completed. Failure to do so may cause delays and additional expense to this process. If you are unable to check each box, please reschedule your fingerprint appointment with the district who scheduled you.

PRIOR TO YOUR FINGERPRINT APPOINTMENT

- Create your CTC profile. Go to www.ctc.ca.gov to create your CTC Profile with a User ID and Password. Save your login info as it will be helpful to you throughout your educational career. You'll have access to see when your fingerprints have cleared, when your documents have been issued and when they will expire
NOTE: You MUST use your Full legal name for your CTC profile. The name on your Photo ID must be the same as the name on your social security card
- Already have a CTC profile? Verify the name on your CTC profile matches your photo ID *exactly*. BOTH PROFILE & ID MUST BE YOUR FULL LEGAL NAME
 - IF they do not match, you will need to do one of two things:
 - Change the name on your profile, or
 - Change the name on your photo ID, whichever is your legal name
- Complete the Live Scan Form, CTC Form 41-LS and bring with you to your appointment
- Pay for your CTC fingerprints. CTC fingerprints are \$70.00 and payable when fingerprinting takes place. **PLEASE NOTE: FCSS now accepts all credit cards and debit cards with the Visa | MasterCard logo.** Payment can be made at FCSS using the QR Code provided during your fingerprint appointment. Money Orders and Cashier's Checks are also accepted
- Additional fees are required to apply for CTC documents, please ask your district for details
- IF the name on your CTC profile was changed. Once confirmation is received from CTC that your profile has been corrected, you can reschedule your fingerprint appointment through your district

FRESNO COUNTY SUPERINTENDENT OF SCHOOLS ADDRESS:

Located in the Fresno County Office of Education Building at

1111 Van Ness Ave. Fresno, CA 93721

Downtown, on Van Ness Ave., between Fresno and Tulare streets

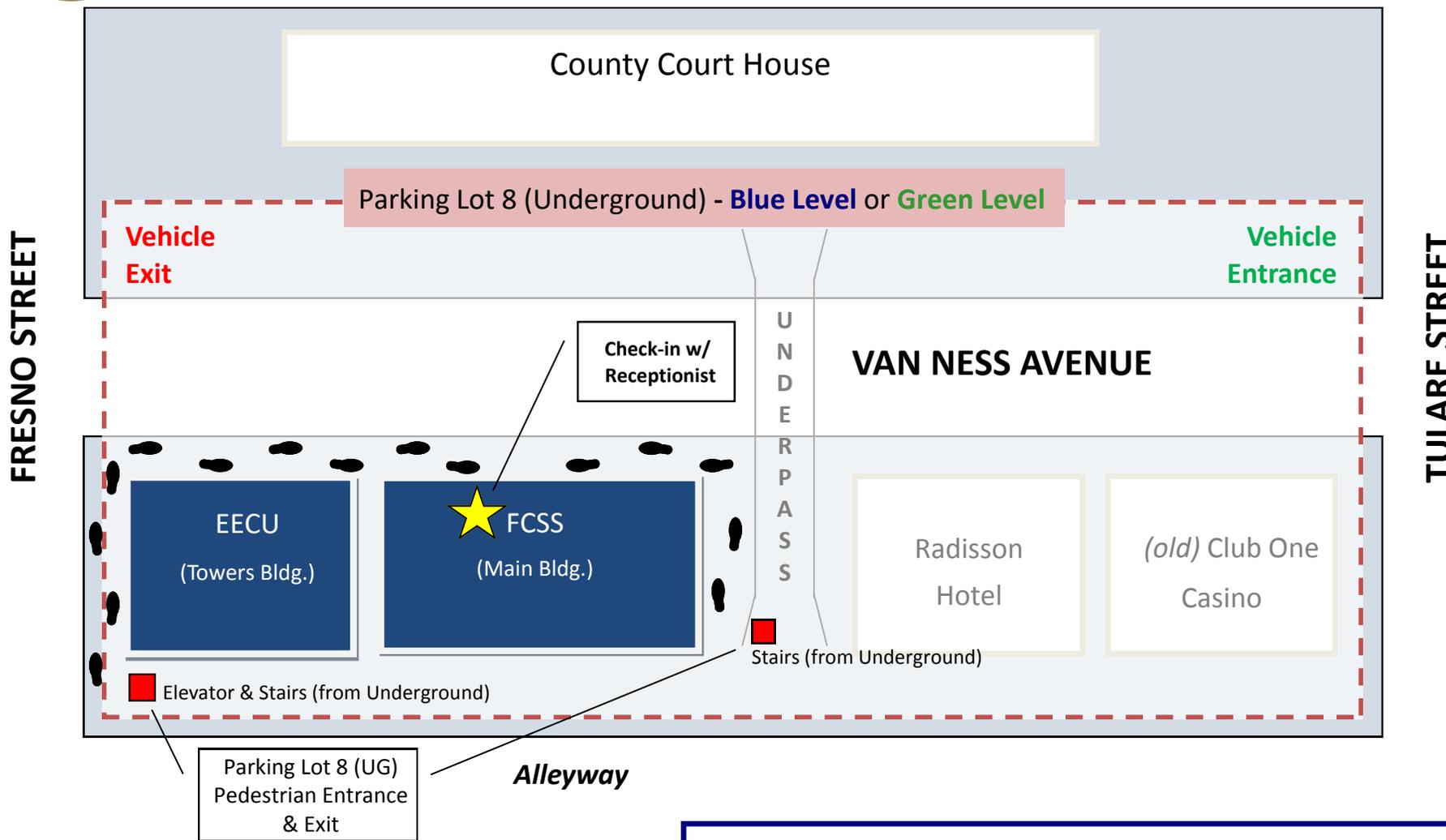
I have read the above and am prepared to be fingerprinted according to these guidelines.

Printed Name _____

Signature _____



Parking Map & Directions to 1111 Van Ness Ave.



Legend

- Parking Lot 8 (Underground)
- Pedestrian Route to FCSS Main

Directions

1. Park on the **Blue Level** or **Green Level** of Parking Lot 8 (Underground)
2. Reach the ground level through either the Pedestrian Entrance & Exit
3. Follow the Pedestrian Route to FCSS Main Building to check in



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 CA ZIP Code _____ Contact Telephone Number _____

Applicant Information:

*Required Fields

*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 _____

*Height _____ *Weight _____ *Eye Color _____ *Hair Color _____
Misc. Billing Number _____
(Agency Billing Number)

*Place of Birth (State or Country) _____ *Social Security Number _____
Phone 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 _____ \$70
FCSS _____ #
Transmitting Agency _____ LSID _____ ATI Number _____ Amount Paid | Transaction #