



SCOTT W. LAY, SUPERINTENDENT

380 Crown Point Circle  
Grass Valley, CA 95945  
530-478-6400 · fax 530-478-6410

To: Applicant

From: Marian Dressel  
Human Resources Technician  
(530) 478-6400 x 2001  
(530) 478-6410 fax  
mdressel@nevco.org

Subject: Fingerprinting

1. Please **complete** the **APPLICANT INFORMATION section only**.
2. Take the form to a California Live Scan facility of your choice. You will need to show government issued photo identification. You will be responsible for the fees associated with fingerprinting, unless told otherwise, in which case a billing number will be indicated on the form.
3. After the fingerprinting technician completes the bottom portion of the live scan form, pay for one (1) copy of the form. **Please return the copy of the form to me via email or in person.** Should I need to follow-up on the fingerprints, this information is critical. Fingerprints generally clear within 72 hours.
4. You should receive a cash register receipt for the transaction, regardless if you paid anything. Please **return this receipt** with the copy of your live scan form.

**Live Scan agencies in Nevada County:**

Mailboxes Plus (Located in the Fowler Center)	The UPS Store (at the Gold Miners Inn)
2036 Nevada City Hwy	111 Bank Street
Grass Valley, CA 95945	Grass Valley, CA 95945
(530) 272-3311	(530) 272-6000
\$74.00 (Sub Teachers)	\$74.00 (Sub Teachers)
Hours: (no appointment- walk in basis) Mon-Fri 9am-5pm Sat 10am-3pm Sun Closed	Hours: (no appointment – walk in basis) Mon-Fri 8am-6pm Sat 9am-5pm Sun closed
<b>If I have included a letter addressed to Mailboxes Plus, please present this letter to them. Certain positions require the letter for processing at this facility, but not all of them.</b>	<b>If I have included a letter addressed to The UPS Store, please present this letter to them. Certain positions require the letter for processing at this facility, but not all of them.</b>



## REQUEST FOR LIVE SCAN SERVICE (Public Schools or Joint Powers Agencies)

### Applicant Submission

ORI: \_\_\_\_\_ Type of Applicant:  Classified School Employee  Credentialed School Employee  
Code assigned by DOJ

**The following selections are for Public Schools only:**

License, Certification, Permit  Peace Officer  Law Enforcement Officer  Volunteer

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 \_\_\_\_\_ ZIP Code \_\_\_\_\_ 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 \_\_\_\_\_  
Place of Birth (State or Country) \_\_\_\_\_ Social Security Number \_\_\_\_\_ Misc. Number \_\_\_\_\_  
Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_  
(Agency Billing Number)  
(Other Identification Number)

I have received and read the included Privacy Notice, Privacy Act Statement, and Applicant's Privacy Rights.

\_\_\_\_\_  
Applicant Signature Date

Your Number: \_\_\_\_\_ Level of Service:  DOJ  FBI  
(OCA Number (Agency Identifying Number))

If re-submission, list original ATI number: \_\_\_\_\_  
(Must provide proof of rejection) Original ATI Number

### Live Scan Transaction Completed By:

Name of Operator \_\_\_\_\_ Date \_\_\_\_\_  
Transmitting Agency \_\_\_\_\_ LSID \_\_\_\_\_ ATI Number \_\_\_\_\_ Amount Collected/Billed \_\_\_\_\_