State of California Department of Insurance

# Live Scan Service Request (Company Officers, Directors, and Others)

LIC 051-CIU (Rev. 5/12)

Part 1

# Attention - Live Scan Service Providers, Company Officers, Directors, and Others

- ▶ The California Department of Justice (DOJ) and Federal Bureau of Investigation's (FBI) processing fees are to be paid by the license applicant or the officer's/director's company. Be prepared to pay fees at the time your fingerprints are taken at the live scan service provider site or submitted to Accurate Biometrics.
- Please prepare three copies of this form and distribute as follows:
  - 1) First Copy (Original) to the Live Scan Provider;
  - 2) Second Copy to Requesting Agency;
  - 3) **Third Copy** to the Person being fingerprinted.
- \*If the applicant completes a 1033 Consent Waiver (18 U.S.C. §1033), that applicant is to make a Fourth Copy of this form and send it to the California Department of Insurance.

**Personal Information** 

	Please type information below									
Applicant Name (Last, First, and M	/liddle)									
Former Name(s)/AKA's (Last, First	t)									
7 6111161 1441116(6)/7 114 16 (2461, 1 116	•)									
Date of Birth (MM/DD/YYYY)	Gend	Gender □ Male □ Female			Height		Weight			
Eye Color	Hair (	Hair Color				Place of Birth				
Lye Color	l lall v	Tiali Coloi				Tidde of Birtin				
Social Security Number	Drive	r's	License Number	Daytime	Telepho	elephone Number				
		( )								
Residence Address (Street/PO Box, City, State, Zip Code)										
Department and Live Scan Vendor Only										
Part 2 To be completed by Contril						OOA Newska				
Agency ORI Number		Agency Address			00	OCA Number:				
A0042		California Department of Insurance				•	2000			
A0042			Curriculum and Officer Review Bureau							
			Officer Background Section							
			320 Capitol Mall							
		Sacramento, Ca 95814-4309								
Application Type (e.g. type of search)		Job Title:			Ма	Mail Code,				
,					(fiv	(five-digit code assigned by DOJ):				
License Certificate or Permit		Insurance								
						04605				
Level of Service: California Dep				Bureau o	Invest	igation				
Part 3 To be completed by Live Sca										
Live Scan Transaction Completed by:			Date Completed		Transi	mitting Agency		Terminal ID:		
(Name of Operator)										
Amount Collected (for rolling fee)			Amount Collected (For DOJ/FBI		ΔΤΙ Νι	ATI Number				
Amount conected (for foiling fee)			Processing)			7.TT Trainison				
			l 10000m.g/							
Part 4 To be completed by Live Scan for Fingerprint Resubmission										
Original ATI Number Level of Service Requested for Resubmission										
· ·				California Department of Justice			☐ Federal Bureau of Investigation			
- Camonia Soparanoni oi cacial Sarca							ivedilgation			
Original - Live Scan Operator, Sec	cond C	opy	/ - Requesting Agency,	Third cop	y – Appli	icant				
- '				•						

#### **Instructions for Insurance Company Officers and Directors**

#### **Residents Submitting Live Scan Form**

**Step 1: Insurer/Company Fingerprint Requirement:** All company officers, directors, key managerial personnel, and individuals with a 10 percent or more beneficial ownership in the applicant and applicant's controlling parent will need to be fingerprinted. Fingerprints must be taken at either a live scan vendor or by a local law enforcement agency on a fingerprint card that is to be sent to Accurate Biometrics.

Step 2: Completion of Live Scan Form: The following information must be entered in Part 1 of the form by the applicant: Your printed name and former names (if any); Date of birth, gender, height, weight, eye color, hair color, place of birth, social security number (SSN), driver's license number, and residence address. The Contributing Agency will complete Part 2 of this form. The electronic fingerprint service provider will complete Part 3.

### **Step 3: Fingerprint Services:**

**Live Scan Fingerprint Services available in California:** The California Department of Justice (DOJ) maintains a listing of Live Scan fingerprinting services available to the public. The DOJ list is broken down by county. Fees vary from location to location. Applicants are encouraged to contact the Live Scan provider in advance to verify their current operating hours, fees, etc. This list is available at the following website: <a href="http://ag.ca.gov/fingerprints/publications/contact.php">http://ag.ca.gov/fingerprints/publications/contact.php</a>

For your convenience, CDI's contracted vendor, Accurate Biometrics will have staff available at the CDI's examination site to complete the fingerprint impression requirement.

**Step 4**: **Fees**: The following fees must be paid by the applicant:

**Processing and Service Fee**: The cost of the Accurate Biometrics' live scan service is \$59.00. The \$59.00 processing fee covers the following services: Federal Bureau of Investigation fingerprint check is \$17, State of California Department of Justice fingerprint check is \$32, and Accurate Biometrics' rolling fee is \$10.00. The applicant may pay with all major credit cards — VISA, MasterCard, American Express and Discover Card. In addition, a money order, cashier's check, company check or personal check in the amount of \$59.00 made payable to "Accurate Biometrics" will also be accepted.

**Step 5**: **Submission of Fingerprint Form**: Make three copies of the form. Please take the **original** completed Live Scan form to the live scan provider for processing. The **second copy** is to be mailed to the California Department of Insurance, Curriculum and Officer Review Bureau, Officer Background Section, 320 Capitol Mall, Sacramento, CA 95814-4309. The **third copy** is to be maintained for your records.

## Non-residents Submitting Manual Fingerprint Card(s)

**Step 1: Insurer/Company Fingerprint Requirement:** All company officers, directors, key managerial personnel, and individuals with a 10 percent or more beneficial ownership, of the applicant and applicant's controlling parent will need to be fingerprinted. Fingerprints must be taken at either a live scan vendor or by a local law enforcement agency on a fingerprint card that is to be sent to Accurate Biometrics.

Step 2: Mail Fingerprint Card, Live Scan Form & Fees Directly to Accurate Biometrics: Keep a copy of the Live Scan form for your records. Mail original copy of the completed Live Scan form along with your fingerprint card submission and check for \$59.00 made payable to Accurate Biometrics to the following address:

Accurate Biometrics, 12777 W Jefferson Blvd - Building D, Suite 3111, Los Angeles, CA 90066.

**Step 3: Fees**: The following fees must be paid by the non-resident applicant:

**Processing Fee**: The cost of the Accurate Biometrics' live scan service is **\$59.00**. The **\$59.00** processing fee covers the following services: Federal Bureau of Investigation fingerprint check is \$17, State of California Department of Justice fingerprint check is \$32, and Accurate Biometrics rolling fee is **\$10.00**. The applicant may pay by credit card using Accurate Biometrics' credit card payment form or by check or money order made payable to Accurate Biometrics.

**Service Fee**: A separate fee will be charged for the service of taking the fingerprint impressions by a fingerprint technician or live scan fingerprints by the live scan provider. That fee may vary depending on the fingerprint vendor or live scan provider you choose.

#### 1033 Consent Waiver (18 U.S.C. §1033) Applicants

- Step 1: Completion of Live Scan Form: Follow same instructions as indicated above for resident license applicants.
- Step 2: Fingerprint Services: Follow same instructions as indicated above for resident license applicants.
- Step 3: Submission of Fingerprints: Follow same instructions as indicated above for resident license applicants, however, a **third copy** of the Live Scan Form must be mailed to the California Department of Insurance, Curriculum and Officer Review Bureau, Officer Background Section, 320 Capitol Mall, Sacramento, CA 95814-4309. The **second copy** is to be maintained by the applicant for your records.
- Step 4: Fees: Follow same instructions as indicated above for resident license applicants.



# **Credit Card Payment Form**

\* Denotes Required Fields

Applicant Name * Name: (as it appears on cred	dit card)
Company Name (if ap	oplicable):
* Billing Address:	
Billing Address 2:	
* City:	
* State/Province:	
* Postal (ZIP) Code:	
* Country:	
* Credit Card #:	
* Expiration Date (MN	M/YYYY):
* CVC Code:	
* Total Amount To Be	Billed To Credit Card: \$59.00
* Card Holder Signatu	ure