



## **LIVESCAN PROCESS AND APPOINTMENT INFORMATION**

Live Scan is a process where the applicant's fingerprints are scanned electronically. Rather than using ink and cards it is transmitted to the Department of Justice and FBI for processing. Conveniently, both the West Valley Community College Police Department and the Santa Clara County Sherriff Office, West Valley Station offer Live Scan services to the City for members of the public who need their fingerprints scanned, whether it is for employment or for solicitor license permit applicants.

### **WHERE YOU NEED TO GO**

- 1. West Valley – Mission CCD**  
Police Department  
14000 Fruitvale Avenue  
Saratoga, CA 95070

Appointments can be made via e-mail at: [livescan@wvm.edu](mailto:livescan@wvm.edu) or by phone at 1-408-741-2685.

The Live Scan Services Office is located at the Police Department on the West Valley College campus. The office is adjacent to the Physical Education Department/north of the Aquatic Center (pool). Parking is located off of East College Circle in front of the pool. Stalls are marked with a 30 minute Police Visitor's sign.

- 2. Santa Clara County Sheriff Office, West Valley Station**  
1601 S. De Anza Boulevard  
Cupertino, CA 95014  
Phone: (408) 868-6614

Appointments can be made via website at: <https://sheriff/livescan.sccsheriff.org>

**Note:** As you make your appointment online – reference the “Request for Live Scan Service” provided to you by the City of Saratoga as this form as information you will need to reference for specific entries on the online appointment form.

### **WHAT YOU NEED TO BRING WITH YOU TO YOUR APPOINTMENT**

1. One Valid Photo ID: (see list) California Driver's License, DMV ID Card, U.S. Passport, Military ID, Foreign passport with appropriate immigration documents
2. Cash or Check only to make payment directly to the live scan office.
3. The “Request for Live Scan Service” Form provided to you by the City.



### REQUEST FOR LIVE SCAN SERVICE

#### Applicant Submission

AO666  
ORI (Code assigned by DOJ)

SOLICITOR'S LICENSE APPLICANT  
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:

CITY OF SARATOGA  
Agency Authorized to Receive Criminal Record Information  
13777 FRUITVALE AVE  
Street Address or P.O. Box  
SARATOGA CA 95070  
City State ZIP Code

03935  
Mail Code (five-digit code assigned by DOJ)  
Monica LaBossiere  
Contact Name (mandatory for all school submissions)  
(408) 868-1252  
Contact Telephone Number

#### Applicant Information:

Last Name  
Other Name (AKA or Alias) Last  
Date of Birth Sex  Male  Female  
Height Weight Eye Color Hair Color  
Place of Birth (State or Country) Social Security Number  
Home Address Street Address or P.O. Box

First Name Middle Initial Suffix  
First Suffix  
Driver's License Number  
Billing Number (Agency Billing Number)  
Misc. Number 140208 (Other Identification Number)  
City State ZIP Code

Your Number: EMP  
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):

Employer Name  
Street Address or P.O. Box  
City State ZIP Code

Mail Code (five digit code assigned by DOJ)  
Telephone Number (optional)

#### Live Scan Transaction Completed By:

Name of Operator  
Transmitting Agency LSID

Date  
ATI Number Amount Collected/Billed