



SECURE LIVE SCAN

SERVICES

Secure Live Scan offers digital fingerprinting for all occupational licensing, volunteer organizations, homeland security, immigration and any general requirement by an employer to complete a background check through the Department of Justice (DOJ) and FBI. All of our employees are certified by the Department of Justice. **AUTHORIZED FBI CHANNELER**

CLIENTS

Our current list of clients include Disneyland, YMCA, the City of Lake Forest, Mission Viejo, Dana Point and San Juan Capistrano. We provide Live Scan for RN's, Home Care Aides, Contractors, Notaries, CCW, Real Estate Licenses, RCFE'S, Immigration and many more.



HISTORY

Secure Live Scan opened in 2005 and has been operating a walk-in service in Aliso Viejo since 2010. It is owned and operated by veteran Police Officer Chuck Still who has 25 years of experience rolling fingerprints and submitting to the Department of Justice.

HOURS OF OPERATION

Secure Live Scan is a walk-in facility open M-F from **10:00 AM to 5:00 PM. CLOSED SATURDAY AND SUNDAY.** No appointments are required. Give us a call at 949-633-0948.

Walk-In Service

info@SecureLiveScan.com
www.SecureLiveScan.com

TEL 949-633-0948
FAX 949-305-8747

6 Journey, Suite #270
Aliso Viejo, CA 92656



CHARLES STILL - OWNER





REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

A0972		Contract Class Instructor	
ORI (Code assigned by DOJ)		Authorized Applicant Type	
Type of License/Certification/Permit <u>OR</u> Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)			
Contributing Agency Information:		00123	
City of Laguna Niguel		Mail Code (five-digit code assigned by DOJ)	
Agency Authorized to Receive Criminal Record Information		Dorna Farhadi	
30111 Crown Valley Parkway		Contact Name (mandatory for all school submissions)	
Street Address or P.O. Box		(949) 362-4387	
Laguna Niguel	CA	92677	Contact Telephone Number
City	State	ZIP Code	

Applicant Information:

Last Name		First Name		Middle Initial	Suffix
Other Name (AKA or Alias) Last		First		Suffix	
Date of Birth	Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female			
Height	Weight	Eye Color	Hair Color		
Place of Birth (State or Country)	Social Security Number				
Home Address	City				
Street Address or P.O. Box	State				
	ZIP Code				
Driver's License Number		Billing Number			
		(Agency Billing Number)			
Misc. Number		Misc. Number			
		(Other Identification Number)			

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):

Employer Name		Mail Code (five digit code assigned by DOJ)	
Street Address or P.O. Box		Telephone Number (optional)	
City	State	ZIP Code	

Live Scan Transaction Completed By:

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