

Alpha Omega Biometrics Division

TCN# 70CA61 00000

MOBILE SERVICE (561) 742-3335

LOCAL OFFICE - 848 West Lantana Road, Lantana FL 33462

Rescan TCN # 70CA61 00000

REQUEST FOR LIVE SCAN SERVICE

Type of Application: **BACKGROUND SCREENING AHCA ID#**

INVOICE #:

Job Title or Type of License: _____

TIME IN:

TIME OUT:

Agency: Office Use Only

Live Scan Transaction Completed By: Dwight L. Walton, Sr. CEO/ Chief Technician 2

Name of Technician

Level Date

Mobile Assistant Unit # Amount Collected

Please complete the below form. All information is required for us to submit your Livescan to FDLE.

Name of Applicant: _____

(Please print clearly) Last

First

Middle

Alias/
Maiden

Name

Last

First

Single

Married

Divorced

Widowed

Social Security Number: _____

Sex: M

F

Race: _____

Date of Birth: _____

YEAR

MONTH

DATE

Eye Color: _____

Hair Color: _____

Height: _____

Feet

Inches

Weight: _____

Place of Birth: _____

US Citizen: Yes

No

Country of Citizenship: _____

Driver's License No: _____

Home Address: _____

Street No

Street

Phone Number: _____

Job Title: _____

City, State and Zip Code

Email: _____

Your numbers are supplied by your employer and/or requesting agency

Level of Service: FDLE

FBI

ORI# _____

Check One ADP AHCA DCF VECHS Medicaid Prof.Lic

OCA# _____

Number if resubmission _____

OTHERS _____

Employer Name

Employer Contact Name

Street No

Street or P O Box

Employer Email

City

State

Zip Code

()

Telephone No

I hereby state that, to the best of my knowledge, my answers to the above questions are true and correct.

Print Name

Signature

It is the responsibility of the employer to retrieve the collected data reports of the LiveScan transmission from the appropriate agency website portal. Alpha Omega Biometrics Division does not receive background results.