



Children's & Youth Ministry Fingerprinting Information

Because we want to ensure the highest safety measures for our kids we have all of our volunteers fingerprinted. You'll need to fill out the Request for Live Scan Service Form and take it to have your fingerprints done. You should expect it to take about 10 minutes. The results will be sent directly from the Department of Justice to Calvary SLO. If you have any questions please call the office 805.543.8516. Below are three locations to choose from:

University Police Station, Cal Poly

SLO, Ca 93407

M-F: 9am-7pm

For appointments call: 805.756.6663

Fee: \$15.00

SLO County Office of Education

3350 Education Drive (off HWY 1)

SLO, Ca 93405

For appointments call: 805.782-7236

Fee: \$15.00

UPS Store (Vons Marigold Center)

39407 Broad St. SLO, Ca 93401

M-F 8:30am-6:30pm, Sat: 9am-5pm

No appointment necessary: 805.549.0200

Fee: \$20.00

Thank you for taking the time to do this extra safety measure for our kids.

Request for Live Scan Service (Applicant Submission)

ORI: _____ A6823 _____ Type of Application: _____ Volunteer _____

Job Title or Type of License, Certification or Permit: _____

Agency Address Contributing Agency:

Calvary SLO Church (Calvary Chapel San Luis Obispo) _____ 00030
(Agency authorized to receive criminal history information) Mail Code (five digit code assigned by DOJ)

4029 S. Higuera St. _____ James Rey _____
Street No. Street or P.O. Box Contact Name (mandatory for all school submissions)

San Luis Obispo, California 93401 _____ (805) 543.8516 _____
City State Zip Code Contact Telephone No.

Name of Applicant: _____
Last First MI

Alias: _____ Drivers License No. _____
Last First MI

Date of Birth: _____ Sex: Male Female Misc. No. BIL: _____
Agency Billing Number (if applicable)

Hight: _____ Weight: _____ Misc. No: _____

Eye Color: _____ Hair Color: _____ Home Address: _____
Street or P.O. Box

Place of Birth: _____
City State Zip

Social Security Number (SSN): _____

Your Number: _____ Level of Service DOJ FBI
OCA NO. (Agency Identifying No.)

If resubmission, list Original ATI No.: _____

Employer:(additional response for agencies specified by statute)

Employer Name _____

Street No. Street or P.O. Box Mail Code (five digit code assigned by DOJ) _____

City State Zip Code () Agency Telephone No. (optional) _____

Live Scan Transaction Completed by: _____
Name of operator date

Transmitting Agency _____ ATI No. _____ Amount Collected/Billed _____