



CITY OF FONTANA APPLICANT LIVE SCAN AUTHORIZATION

Name: _____

Date: _____

The City of Fontana requires a live scan (fingerprints) of all applicants. Applicants will not be permitted to begin employment until they have been fingerprinted, and the Human Resources Department receives a clearance.

Please complete your fingerprints:

Location: **Postal Perfect**
Terra Vista Town Center
10808 Foothill Blvd., Suite 160
Rancho Cucamonga, CA 91730

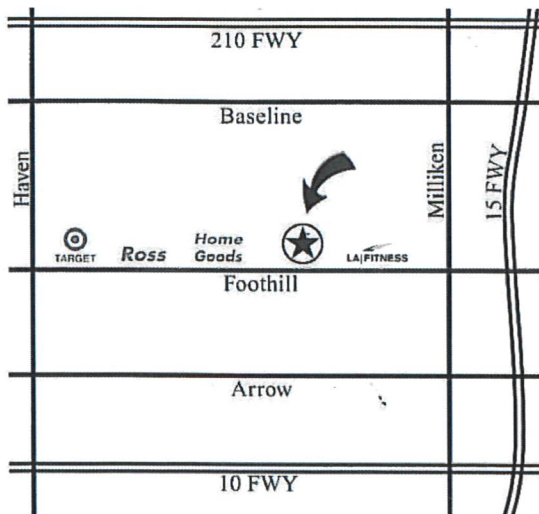
Phone: (909) 484-1474

Hours: Monday – Friday 9:00 AM – 5:30 PM
Saturday 9:00 AM – 3:30 PM
No Appointment Required

- Required Items:**
- Applicant Live Scan Authorization Form – Complete reverse side
 - Valid Driver’s License, State I.D., or Passport

- APPLICANTS UNDER 18:**
- A parent or guardian must be present
 - Minors without a valid government issued I.D. must bring the following:
 - Valid school photo I.D.
 - AND**
 - Original Social Security Card or original Birth Certificate

If you have any questions regarding this process, please contact the City of Fontana Human Resources Department at (909) 350-7650.



We are located in the
Terra Vista Town Center between
Home Goods and LA Fitness.

REQUEST FOR LIVE SCAN SERVICE
Applicant Submission

ORI: A0615 Type of Application: (check one) Employment License, Certification, Permit Volunteer
Code assigned by DOJ

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

Agency Address Set Contributing Agency:

CITY OF FONTANA A00087
Agency authorized to receive criminal history Information Mail Code (five-digit code assigned by DOJ)
8491 Sierra Ave. Suite B
Street No. Street or PO Box Contact Name (Mandatory for all school submissions)
Fontana CA 92335 (909) 350-7651
City State Zip Code Contact Telephone No.

Name of Applicant: _____
(Please Print) Last First MI
AKA's: _____
Last First CDL No. _____
DOB: _____ SEX: Male Female Misc. No. BIL- 120162
Agency Billing Number (If applicable)
HT: _____ WT: _____ Misc. No: _____
EYE Color: _____ HAIR Color: _____ Home Address: (Applies only if Youth Org/HRA or Public Utility Submission)
POB: _____
Street or PO Box
SOC: _____
City, State and Zip Code

Your Number: 300195
OCA No. (Agency Identifying No.)

Level of Service DOJ FBI

If resubmission, list Original ATI No. _____

Employer: (Additional response for Department of Social Services, DMV/CHP licensing, and Department of Corporations submissions only)

Employer Name _____
Street No. Street or PO Box Mail Code (five digit code assigned by DOJ)
City State Zip Code ()
Agency Telephone No. (Optional)

Live Scan Transaction Completed By: _____ Date _____
Name of Operator

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