

CALIFORNIA

State Licensing Instructions

Please Type or Print Legible

1. Complete Application for Insurance License and the Live Scan Form
2. Sign Form(s)
3. Your Business information will go in the fields for Business Entity Name/Address etc
4. Parts 1 and 3 of the Live Scan form MUST be completed or the application will not be accepted.
5. Make sure you provide an email address on the form.
6. Work/Personal History - #28
 - a. You must provide 5 yrs worth of Employment, Unemployment and/or Education
 - b. There cannot be any gaps in the dates
7. Make all necessary attachments, if any
8. Mail form with the following filing fees:
 - a. Check or Money Order in the amount of \$188.00 for State Licensing
 - b. Check or Money Order in the amount of \$32.00 for the appointment
 - c. Made Payable to Motor Club of America Enterprises, Inc.

Mail forms and filings fees to:

Motor Club of America Enterprises, Inc.
14313 N. May Ave.
Oklahoma City Ok 73134

Individual Application For Insurance License

LIC-441-9 (Rev 4/2014)

1. Application Type: <input type="checkbox"/> Permanent <input type="checkbox"/> Certificate of Convenience		For Department Use Only License # _____					
2. License Type: <input type="checkbox"/> Accident and Health Agent (AH) <input type="checkbox"/> Life-Only Agent (LO) <input type="checkbox"/> Variable Contract Authority (VC) <input type="checkbox"/> Property Broker-Agent (PR) <input type="checkbox"/> Casualty Broker-Agent (CA) <input type="checkbox"/> Personal Lines Broker-Agent (PL) <input type="checkbox"/> Limited Lines Auto Insurance Agent (AU) <input type="checkbox"/> Credit Insurance Agent (CI) <input type="checkbox"/> Part Time Fraternal Agent (PF) <input type="checkbox"/> Portable Electronics Insurance Agent (PE) <input type="checkbox"/> Rental Car Agent (RC) <input type="checkbox"/> Surplus Line Broker (SL)* <input type="checkbox"/> Special Lines' Surplus Line Broker (SP)* <input type="checkbox"/> Self-Service Storage Agent (SS)				<input type="checkbox"/> Life & Disability Analyst (LA) <input type="checkbox"/> Motor Club Agent (MC) <input type="checkbox"/> Cargo Shipper's Agent (CS) <input type="checkbox"/> Vehicle Service Contract Provider (VS)			
3. Last Name		First Name		Middle Name		Suffix	
4. <input type="checkbox"/> Male <input type="checkbox"/> Female		5. Birthdate (MM/DD/YYYY)		6. Social Security Number (SSN)**			
7. Resident Address (P.O. Box not acceptable)			8. City		9. State	10. Zip Code	
11. Home Phone Number ()	12. Are you a citizen of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, you must supply a clear copy of both sides of your work authorization)			13. Are you affiliated with a financial institution/bank? <input type="checkbox"/> Yes <input type="checkbox"/> No			
14. Business Address (P.O. Box not acceptable.)			15. City		16. State	17. Zip Code	
18. Business Phone Number ()	19. Business Fax Number ()	20. E-mail Address (required)		21. Business Web Site Address			
22. Mailing Address (P.O. Box is acceptable.)			23. City		24. State	25. Zip Code	
26. Special Accommodation Request for Examination – If required, arrangements were made prior to taking and passing the license examination.							
27. Examination Information: Examination Information: If required, you must first pass your license examination before submitting the license application. After you pass your license examination, please ensure that all required documents are submitted. If you are required to submit documents, please email them to: licdocuments@insurance.ca.gov or mail them to CA Dept. of Insurance, Attention: FLASH OLA, 320 Capitol Mall, Sacramento CA 95814-4309							
*Form LIC 050 must be completed and submitted with Surplus and/or the Special Lines' Surplus Broker Application.							
**Disclosure of your U. S. social security number is mandatory pursuant to Cal. Civil Code, § 1798.17; Cal. Family Code, § 17520(d); and Federal Privacy Act of 1974, §§7(a) (2) (B) and 7(b). The social security number will be used primarily for purposes of processing your application, including conducting any necessary investigation into your background. If you fail to disclose your social security number, your application will not be reviewed. An individual has a right of access to certain records containing personal information pertaining to that individual. Individuals may obtain information regarding the location of their records by contacting the Bureau Chief, Producer Licensing Bureau, California Department of Insurance by phone (800-967-9331) or by mail, to the following address: 320 Capitol Mall, Sacramento CA 95814.							

28. Work/Personal History: Account for all time for the past five years. Give all employment experiences starting with your current employer working back five years. Include full and part-time work, self-employment, military service, unemployment, and full-time education. Attach separate sheet, if needed.

	From		To		Position Held
	Month	Year	Month	Year	
Name					
City	State				
Name					
City	State				
Name					
City	State				
Name					
City	State				

29. Do you now hold an insurance license and are you adding a line of authority? Yes No
Or have you ever held an insurance license as a resident in this state or any other state? Yes No
If yes, complete the following (attach a separate sheet if needed):

Type of License	State or Province	Date License Held	Is License in Force?

30. AKA/Alias

Are you now using or have you ever used any name other than shown? Yes No

If yes, list names, dates and reason(s) used:

Last	First	Middle	Suffix	Dates Used	Reason Used

31. Fictitious Names:

Do you intend to use a fictitious (DBA) name?

If yes, list the name: (This name must be approved by the Department prior to use) Yes No

32. Life-Only Agent/Part Time Fraternal License Applicants Only:

Are you intending to act as a Variable Contract Agent? Yes No

Are you registered with SECO or FINRA? Yes No

Central Registration Depository Number (CRD) _____ If CRD# is not provided, acceptable proof of registration must be attached before the authority may be granted. If acceptable proof is not submitted, license will be issued without Variable Contract authority.

33. Life-Only Agent License Applicants Only:

Do you intend to limit your activity to the sale of funeral and burial expense policies in accordance with Section 1749.01 of the California Insurance Code? Yes No

34. Prelicensing Certificates:

Do you certify that you have completed your prelicensing education? Yes No

If no, your prelicensing education must be completed prior to taking your examination.

If yes, you must provide the completion date: _____

35. Background Information

**if you fail to fully disclose any information that is requested or
if you make a false statement, your application may be denied.**

<p>1. Have you ever been convicted of a felony?</p> <p>For the purpose of this application, you have been "convicted" if you were ever found guilty by verdict of a judge or jury; and/or ever entered a plea of guilty, nolo contendere or no contest. You must disclose all convictions, even if the charges were later dismissed or expunged, your guilty plea was withdrawn pursuant to Penal Code Section 1203.4, or you were placed on probation, received a suspended sentence or just ordered to pay a fine. If you fail to disclose all convictions, your application may be denied. You may exclude juvenile offenses tried in juvenile court.</p> <p>If you answer "Yes" to this background question, you must attach to this application:</p> <p>a) a written statement, with original signature, explaining the circumstances of each conviction or charge; and,</p> <p>b) certified copies of the charging documents, and of the court documents which detail the conviction, resolution of the charges, probation and any final judgment.</p> <p>Federal law (18 U.S.C. 1033) prohibits anyone who has been convicted of a felony involving dishonesty or a breach of trust or who has been convicted of any violation of 18 U.S.C. 1033 and 1034 from conducting the business of insurance unless they have obtained the written consent of the Insurance Commissioner. It is a violation of this statute to conduct business of insurance without the Commissioner's written consent. If you have been convicted of a felony involving dishonesty or a breach of trust or a violation of 18 U.S.C. 1033 and 1034, then you must attach a copy of this consent. If you have not obtained this written consent you must do so prior to filing your application.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>2a. Have you ever been convicted of a felony involving dishonesty or a breach of trust?</p> <p>2b. If "Yes", have you received consent from the California Insurance Commissioner?</p> <p>For the purpose of this application, you have been "convicted" if you were ever found guilty by verdict of a judge or jury; and/or ever entered a plea of guilty, nolo contendere or no contest. You must disclose all convictions, even if the charges were later dismissed or expunged, your guilty plea was withdrawn pursuant to Penal Code Section 1203.4, or you were placed on probation, received a suspended sentence or just ordered to pay a fine. If you fail to disclose all convictions, your application may be denied. You may exclude juvenile offenses tried in juvenile court.</p> <p>If you answered "Yes" to background question 2a, you must attach to this application:</p> <p>a) a written statement, with original signature, explaining the circumstances of each conviction or charge; and,</p> <p>b) certified copies of the charging documents, and of the court documents which detail the conviction, resolution of the charges, probation and any final judgment.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
<p>3. Have you ever been convicted of a misdemeanor?</p> <p>For the purpose of this application, you have been "convicted" if you were ever found guilty by verdict of a judge or jury; and/or ever entered a plea of guilty, nolo contendere or no contest. You must disclose all convictions, even if the charges were later dismissed or expunged, your guilty plea was withdrawn pursuant to Penal Code Section 1203.4, or you were placed on probation, received a suspended sentence or just ordered to pay a fine. If you fail to disclose all convictions, your application may be denied. You may exclude juvenile offenses tried in juvenile court.</p> <p>If you answer "Yes" to this background question, you must attach to this application:</p> <p>a) a written statement, with original signature, explaining the circumstances of each conviction or charge; and,</p> <p>b) certified copies of the charging documents, and of the court documents which detail the conviction, resolution of the charges, probation and any final judgment.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

35. Background Information continued.

if you fail to fully disclose any information that is requested or if you make a false statement, your application may be denied.

<p>4. Have you ever been convicted of a military offense?</p> <p>For the purpose of this application, you have been "convicted" if you were ever found guilty by verdict of a judge or jury; and/or ever entered a plea of guilty, nolo contendere or no contest. You must disclose all convictions, even if the charges were later dismissed or expunged, your guilty plea was withdrawn pursuant to Penal Code Section 1203.4, or you were placed on probation, received a suspended sentence or just ordered to pay a fine. If you fail to disclose all convictions, your application may be denied. You may exclude juvenile offenses tried in juvenile court.</p> <p>If you answer "Yes" to this background question, you must attach to this application:</p> <p>a) a written statement, with original signature, explaining the circumstances of each conviction or charge; and, b) certified copies of the charging documents, and of the court documents which detail the conviction, resolution of the charges, probation and any final judgment.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>5. Are you currently charged with committing a crime?</p> <p>"Crime" includes a felony, a misdemeanor or a military offense. You may exclude traffic citations but should include driving offenses such as, but not limited to, reck less driving, driving under the influence and driving with a suspended license.</p> <p>If you answer "Yes" to this background question, you must attach to this application:</p> <p>a) a written statement, with original signature, explaining the circumstances of each charge; and, b) certified copies of the charging documents.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>6. Have you ever been involved in an administrative proceeding (including matters with the Department of Insurance) regarding any professional or occupational license?</p> <p>For the purpose of this application, "Involved" means having a license censured, suspended, revoked, cancelled, terminated; or being assessed a fine, placed on probation or surrendering a license to resolve an administrative action. "Involved" also means being named a party to an administrative or arbitration proceeding which is related to a professional or occupational license. "Involved" also means having a license application denied or the act of withdrawing an application to avoid denial. You may exclude terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.</p> <p>If you answer "Yes" to this background question, you must attach to this application:</p> <p>a) a written statement, with original signature, explaining the circumstances of each disciplinary incident; and, b) certified copies of the Notice of Hearing or other document that states the charges and allegations; and, of the document which demonstrates the resolution of the charges or any final judgment.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>7. Has any business in which you are or were an owner, partner, officer or director ever been involved in an administrative proceeding (including matters with the Department of Insurance) regarding any professional or occupational license?</p> <p>For the purpose of this application, "Involved" means having a license censured, suspended, revoked, cancelled, terminated; or being assessed a fine, placed on probation or surrendering a license to resolve an administrative action. "Involved" also means being named a party to an administrative or arbitration proceeding which is related to a professional or occupational license. "Involved" also means having a license application denied or the act of withdrawing an application to avoid denial. You may exclude terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.</p> <p>If you answer "Yes" to this background question, you must attach to this application:</p> <p>a) a written statement, with original signature, explaining the circumstances of each disciplinary incident; and, b) certified copies of the Notice of Hearing or other document that states the charges and allegations, and of the document which demonstrates the resolution of the charges or any final judgment.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>8. Has any demand been made or judgment rendered against you for any overdue monies by any insurer, insured or producer, or have you ever been subject to a bankruptcy proceeding? (Only include bankruptcies that involve funds held on behalf of others).</p> <p>If you answer "Yes," submit a statement, with an original signature, summarizing the details of the indebtedness and arrangements for repayment, and/or type and location of bankruptcy.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

35. Background Information continued.

if you fail to fully disclose any information that is requested or if you make a false statement, your application may be denied.

<p>9. Have you ever been notified by any jurisdiction of any delinquent tax obligation that is not the subject of a repayment agreement? If you answer "Yes," identify the jurisdiction(s): _____</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>10. Are you currently a party to or have you ever been found liable in any lawsuit or arbitration proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty? If you answer "Yes," you must attach to this application: a) a written statement, with original signature, summarizing the details of each incident; b) copy of the Petition, Complaint, or other document that commenced the lawsuit or arbitration; and c) a copy of the official document which demonstrates the resolution of the charges or any final judgment.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>11. Have you or any business in which you are or were an owner, partner, officer or director ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct? If you answer "Yes," you must attach to this application: a) a written statement, with original signature, summarizing the details of each incident and explaining why you feel this incident should not prevent you from receiving an insurance license; and, b) copies of any relevant documents.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

36. Applicant's Certification:

I certify under penalty of perjury that I have read the foregoing application and know the contents thereof and that each statement therein made is full, true and correct. I understand that pursuant to sections 1668(h) and 1738 of the insurance code, any false statement may subject my application to denial and may subject my license(s) to suspension or revocation. Further, pursuant to insurance code sections 1703 and 1733, I authorize disclosure to the insurance commissioner of all financial institution records of any fiduciary accounts for the duration of this license.

All fees are filing fees and are not refundable, whether the application is acted upon or an examination taken.

Applicant's Signature ► : _____ **City** _____ **Date** _____

Notice: Information collection and Access

Section 31(e) of the California Business and Professional Code allows the State Board of Equalization and the Franchise Tax Board to share taxpayer information and requires the licensee to pay his or her state tax obligation. Section 31 also states that the license may be suspended if the state tax obligation is not paid.

Section 1798.17 of the California Civil Code requires the following information to be provided when collecting information from individuals to determine compliance with the group and corporate practice provisions of the law, and to establish positive identification, to match the names of the certified list provided by the Department of Child Support Services to applicants and licensees, and of responding to requests for this information made by child support agencies.

Agency: Department of Insurance, Address: 320 Capitol Mall, Sacramento, CA 95814-4309, Telephone number: (800) 967-9331.

Title of official responsible for information maintenance: Chief, Producer Licensing Bureau.

Authority which authorizes the maintenance of the information: California Insurance Code, Chapters 5, 6, 7, 8-Part 2, Division 1.

The consequences, if any, of not providing all of part of the requested information: It is mandatory that you provide all information requested. Omission of any item of requested information will result in the application being rejected as incomplete.

The principal purpose(s) for which the information is to be used: The information requested will be used to determine qualifications for licensure or certification, to determine compliance with the group and corporate practice provisions of the law and to establish positive identification.

Each individual has the right to review files maintained on them by the agency, unless the information is classified as confidential under section 1798.34 of the Civil code.

Instructions for completing application

RE: "Applicant name" Enter full legal name. If no middle name, enter (NMN). If any part of your legal name is an initial only, place parentheses around such initial.

RE: "Address information" Do not enter the word "same" in any address area. Enter the appropriate address. PO Box is not acceptable for a resident or business address. Business and mailing addresses are public record and are available to the public. It is the applicant's/licensee's responsibility to immediately notify the department of any change in address.

RE: Additional "Exam information". If you fail to appear for a scheduled examination, an additional examination fee will be required for rescheduling.

RE: "AKA/Alias" List previously and currently used aliases and maiden names, if any. If you are currently using an "also known as" (AKA) name, which you desire to be noted on record, so state. Abbreviations of true name or "nick" names are not acceptable.

RE: "Background questions" If you answer yes to any of these questions, you must submit a signed statement, with your original signature summarizing the details of each event. You must also provide the additional certified documentation described with each question.

Prelicensing Education requirements: As of January 1, 2011 all new resident applicants must:

- A. take an approved minimum 20-hour class for the property broker-agent license exam, and/or;
- B. take an approved minimum 20-hour class for the casualty broker-agent license exam, and/or;
- C. take an approved minimum 40 hour class for property broker-agent and casualty broker-agent license examination, and/or;
- D. take an approved minimum 20-hour class for the life-only agent license exam and/or;
- E. take an approved minimum 20 hour class for accident and health agent license exam, and/or;
- F. take an approved minimum 40 hour class for life-only and accident and health agent license examination, and/or;
- G. take an approved minimum 20-hour class for the personal lines broker-agent license exam, and/or;
- H. take an approved minimum 20 hour class for the limited lines automobile insurance agent license examination, and/or;
- I. takes an approved minimum 12-hour class on ethics and the California Insurance Code.

An applicant will be taking 32 hours (20 and 12), 52 hours (40 and 12 or 20, 20 and 12), and 72 hours (20, 40 and 12 or 20, 20, 20 and 12) of pre-licensing class hours depending on which combination of licenses are being sought.

The following documents are required to be submitted with the application for the specific license types as listed:

SL - \$50,000 bond form LIC 447-31 with a properly executed Power of Attorney form attached or a Business Entity Endorsement form LIC 411-8A completed by sponsoring Business Entity and Form LIC 050 must be completed and submitted with Surplus and/or the Special Lines' Surplus Broker Application.

SP - \$10,000 bond form LIC 447-32 with a properly executed Power of Attorney form attached or a Business Entity Endorsement form LIC 411-8A completed by sponsoring Business Entity and Form LIC 050 must be completed and submitted with Surplus and/or the Special Lines' Surplus Broker Application.

CS - \$10,000 bond form LIC 447-70 with a properly executed Power of Attorney form attached.

CI - Action Notice of Appointment form LIC 447-54A from the sponsoring insurance company and/or Business Entity Endorsement form LIC 411-8A completed by sponsoring Business Entity.

MC - Action Notice of Appointment form LIC 447-54A from the sponsoring insurance company

Forms are available on our Website at <http://www.insurance.ca.gov>. To obtain insurance licensing forms by mail, send request to: Department of Insurance, 320 Capitol Mall, Sacramento, CA 95814-4309, or you may phone Sacramento toll free at (800) 967-9331.

Mail application with attachments and fees to Department of Insurance, PO Box 1139, Sacramento, CA 95812-1139.

Attention:
Live Scan Service Providers, Resident and Nonresident License Applicants, and
1033 Consent Waiver (18 U.S.C. §1033) Applicants

- ▶ The California Department of Justice (DOJ) and Federal Bureau of Investigation's (FBI) processing fees are to be paid by the license applicant. Be prepared to pay the fees at the time your fingerprints are taken at the license scan service provider site.
- ▶ The applicant is to make two copies of this form and distribute as follows:
 - 1) **First Copy (Original) to the Live Scan Provider;**
 - 2) **Second Copy to the Applicant.**
- ▶ If the applicant completes a **1033 Consent Waiver (18 U.S.C. §1033)**, that applicant is to make a Third Copy of this form and send it to the California Department of Insurance.

Part 1				Applicant's' Personal Information			
Please type or print clearly the information below							
Applicant Name (Last, First, and Middle)							
Former Name/AKA's (Last, First)							
Date of Birth (MM/DD/YYYY)		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Height		Weight	
Eye Color		Hair Color		Place of Birth			
Social Security Number		Driver's License Number		Daytime Telephone Number ()			
Residence Address (Street/PO Box, City, State, Zip Code)							

Department and Live Scan Vendor ONLY

Part 2			To be completed by Contributing Agency		
Agency ORI Number		Agency Address		OCA Number:	
A0042		California Department of Insurance 320 Capitol Mall, Sacramento, CA 95814		1000	
Application Type: (e.g. type of search)		Job Title:		Mail Code: (five-digit code assigned by DOJ)	
License Certificate or Permit		Insurance		04605	

Level of Service: California Department of Justice and Federal Bureau of Investigation

Part 3				To be completed by Live Scan Transaction			
Live Scan Transaction Completed by: (Name of operator)		Date Completed		Transmitting Agency		Terminal ID	
Amount Collected (For rolling fee)		Amount Collected: (For DOJ/FBI Processing)		ATI Number			
Part 4				To be completed by Live Scan for Fingerprint Resubmission			
Original ATI Number		Level of Service Requested for Resubmission					
		<input type="checkbox"/> California Department of Justice <input type="checkbox"/> Federal Bureau of Investigation					

Original - Live Scan operator, Second Copy - Requesting Agency, Third copy - Applicant

Resident Producer Licensing Applicant Instructions

Step 1: Completion of Live Scan Form: The following information must be entered in Part 1 of the form by the applicant: Your printed name and former names (if any); Date of birth, gender, height, weight, eye color, hair color, place of birth, social security number (SSN), driver's license number, and residence address. The contributing agency will complete Part 2. The live scan vendor will complete Part 3 and, if necessary, Part 4 of this form.

Step 2: Producer Fingerprint Requirement: One set of classifiable electronic fingerprints is required for every California Department of Insurance (CDI) applicant unless the applicant is currently licensed or held a CDI license which expired during the last 12 months.

Step 3: Fingerprint Services: Live Scan Fingerprint Services available in California: The California Department of Justice (DOJ) maintains a listing of Live Scan fingerprinting services available to the public. The DOJ list is broken down by county. Fees vary from location to location. Applicants are encouraged to contact the Live Scan provider in advance to verify their current operating hours, fees, etc. This list is available at the following website: <http://ag.ca.gov/fingerprints/publications/contact.php>

For your convenience, CDI's contracted vendor, Accurate Biometrics will have staff available at the CDI's examination sites to complete the fingerprint impression requirement.

Step 4: Fees: At CDI's examination site, the total processing fee for the fingerprint impressions taken by CDI's contracted vendor is **\$58.30** which includes the FBI processing fee of **\$17**, DOJ processing fee of **\$32**, and the CDI's contractor's rolling fee of **\$9.30**. The **\$58.30** fee is to be paid at CDI's examination site. The applicant may pay with all major credit cards — VISA, MasterCard, American Express and Discover Card. In addition, a money order, cashier's check, company check or personal check in the amount of \$58.30 made payable to "Accurate Biometrics" will also be accepted

At PSI's test center, the total processing fee for the fingerprint impressions taken by L-1 Solutions is **\$68.95** which includes the FBI processing fee of **\$17**, DOJ processing fee of **\$32**, and the rolling fee charged by PSI of **\$19.95**. The **\$68.95** fee is to be paid at the PSI test center. They accept money order, cashier's check, company check (made payable to L-1 Solutions), VISA and MasterCard. Personal checks and cash will not be accepted.

In addition, applicants using a DOJ authorized vendor on DOJ's Live Scan Fingerprinting vendors list will need to pay a fingerprint fee that covers the FBI processing fee of \$17, DOJ processing fee of \$32, and an additional "rolling fee" charged by the DOJ authorized vendor. The additional "rolling fee" will vary depending on the vendor and is noted on DOJ's list of vendors. License applicants are encouraged to contact the Live Scan provider in advance to verify their current operating hours, location, fees, and their acceptable method of payment (i.e. credit card, cash, ATM).

Step 5: Submission of Fingerprint Form: Please take this form to the live scan provider for processing.

Non-Resident Producer Licensing Applicant Instructions

Step 1: Completion of Live Scan Form: The following information must be entered in Part 1 of the form by the applicant: Your printed name and former names (if any); Date of birth, gender, height, weight, eye color, hair color, place of birth, social security number (SSN), driver's license number, and residence address. The contributing agency will complete Part 2 of this form. The electronic fingerprint service provider will complete Part 3 and, if necessary, Part 4 of this form.

Step 2: Mail Fingerprint Card, Live Scan Form & Fees Directly to Accurate Biometrics. Keep a copy of the Live Scan form your records. Mail original copy of the completed Live Scan form along with your fingerprint card submission and Accurate Biometrics' credit card payment form or check for \$58.30 made payable to Accurate Biometrics to the following address: Accurate Biometrics, 455 Capitol Mall, Suite 233, Sacramento, CA 95814.

Step 3: Fees: The following fees must be paid by the non-resident applicant:

Processing Fee: The cost of the Accurate Biometrics' live scan service is \$58.30. The \$58.30 processing fee covers the following services: Federal Bureau of Investigation fingerprint check is \$17, State of California Department of Justice fingerprint check is \$32 and Accurate Biometrics' rolling fee is \$9.30.

Service Fee: A separate fee will be charged for the service of taking the fingerprint impressions by a fingerprint technician or live scan fingerprints by the live scan provider. That fee may vary depending on the fingerprint vendor or live scan provider you choose.

1033 Consent Waiver (18 U.S.C. §1033) Applicants

Step 1: Completion of Live Scan Form: Follow same instructions as indicated above for resident license applicants.

Step 2: Fingerprint Services: Follow same instructions as indicated above for resident license applicants.

Step 3: Submission of Fingerprint: Follow same instructions as indicated above resident license applicants, however, a third copy of the Live Scan Form must be mailed to the California Department of Insurance, Licensing Background Bureau, 320 Capitol Mall, Sacramento, CA 95814-4309. The second copy is to be maintained by the applicant for your records.

Step 4: Fees: Follow the same instructions as indicated above for resident license applicants.