

Request for Transmission of Electronic Regulatory Fingerprints

Information for Livescan Operator

Please note: The Transmitting Agency will NOT be charged or billed for this Background Check.

Requesting Agency ORI: OR024CRU0

Requesting Agency Billing Code (ABC):

Reason Fingerprinted: _

Originating Agency Code (ORCHARDS ID):

TOT (Type of Transaction): **NFUF**

Retained: **N**

To properly transmit the fingerprint card, the Information provided on this form must be entered into the Livescan prior to sending to OSP

Requesting Agency Information (the agency requesting background

check) Agency Name: **ODHS|OHA Background Check Unit**

Authorizing Statute: ORS 181A.195, 181A.200.

Contact Person: Barbara Muller

Phone Number: (503) 378-5470

Attention Requesting Agencies: Complete the first two sections on this form and provide form to your background check Applicant along with any instructions specific to your agency for background check processing. If fingerprints are for reprints due to previously rejected fingerprints, use *TCR Reprint Form*. Contact OSP CJIS Regulatory Supervisor with any questions **503-378-3070**.

Attention Livescan Operator: Applicant fingerprints must be transmitted using Requesting ORI and Billing Code as provided on each individual's form; call AFIS if sent in error. After prints are sent, complete the bottom of this form and return to applicant.

Applicant Information

Name: _____
(Please Print) Last First Middle

Alias or Maiden: _____
Last First Middle

Additional Alias: _____
Last First Middle

Date of Birth: _____ Sex: ☐ Male ☐ Female Height: _____ Weight: _____
mm/dd/yyyy feet inches pounds

Race: ☐ Asian or Pacific Islander ☐ Black/African-American ☐ American Indian or Alaska Native ☐ White/Hispanic

Eye Color: ☐ BLK ☐ BLU ☐ BRO ☐ GRY ☐ GRN ☐ HAZ ☐ XXX (Unknown)

Hair Color: ☐ BLK ☐ BLN ☐ BRO ☐ GRY ☐ RED/AUBURN ☐ SDY ☐ WHT ☐ XXX (Bald or Unknown)

Place of Birth: _____ (If born in USA, enter the State, if outside USA, enter the Country)

Social Security Number: ____-____-____ (The identification process will benefit from this information. However, it is not required that the SSN be provided)

THIS FORM IS TO BE RETAINED BY THE APPLICANT AT TIME OF FINGERPRINTING FOR FUTURE REFERENCE

Live Scan Transaction Completed By: _____ Transmission Date & Time: _____
Name of Livescan Operator

Transmission TCN (13digit # starting with the Livescan 5 digit ID#): _____

Transmitting Agency: _____ Phone: _____
Name of transmitting Agency