



SECOND NOTICE

LICENSE RENEWAL FINGERPRINT REQUIREMENT May 2017

Current law requires all new applicants for Operator's, Field Representative's and Applicator's licenses to submit fingerprint identification and undergo a background investigation prior to the issuance of a Structural Pest Control Board (SPCB) license.

Division 19, Title 16, California Code of Regulations has been amended to add Section 1960 and now requires all licensees due to expire on June 30, 2016, or after, who have never been fingerprinted, to complete the fingerprint (Livescan) process as a condition of renewal.

Division 19, Title 16, California Code of Regulations Section 1960 reads as follows:

All licensees applying for a license renewal must submit a set of fingerprints for the purpose of conducting a criminal history record check as a condition for license renewal. Applications for license renewal will be deemed incomplete and not eligible for renewal if a set of fingerprints is not included with the application. This section applies to licensees whose license expires on or after June 30, 2016. This section does not apply to licensees who already have submitted a set of fingerprints for the purpose of conducting a criminal history record check.

You have been identified as a licensee that has not previously been fingerprinted. In order for you to renew your license, you must complete the Livescan process. You can complete the Livescan process at any time prior to your license expiration date. Information on Livescan, including locations and the form, can be found on the following link:

<http://www.pestboard.ca.gov/howdoi/livescan.shtml>

Attached is a copy of the Livescan form. Please complete the "Applicant Information" section and then make two copies of the form. Bring the original form and two copies to the Livescan location. Once you have completed Livescan, mail one completed copy of the form to the Structural Pest Control Board, 2005 Evergreen Street, Suite 1500, Sacramento, CA 95815.

The SPCB is unable to renew your license until it receives verification that you have been Livescanned. Along with the Livescan, you are still required to submit the renewal fee and completed renewal form.

If you have any questions, please contact the SPCB at (916) 561-8700 or by email at pestboard@dca.ca.gov.



FOR RENEWAL PURPOSES ONLY REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

A1099
ORI (Code assigned by DOJ) _____ LICENSE, CERTIFICATION, PERMIT
Authorized Applicant Type _____

STRUCTURAL PEST CONTROL
Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned) _____

Contributing Agency Information:

DCA / STRUCTURAL PEST CONTROL BOARD
Agency Authorized to Receive Criminal Record Information _____

A06058
Mail Code (five-digit code assigned by DOJ) _____

2005 EVERGREEN STREET, SUITE 1500
Street Address or P.O. Box _____

RACHEL STORA / RONNI O'FLAHERTY
Contact Name (mandatory for all school submissions) _____

SACRAMENTO CA 95815
City State ZIP Code _____

(916) 561-8704
Contact Telephone Number _____

Applicant Information:

Last Name _____

First Name _____ Middle Initial _____ Suffix _____

Other Name (AKA or Alias) Last _____

First _____ Suffix _____

Date of Birth _____ Sex Male Female

Driver's License Number _____

Height _____ Weight _____ Eye Color _____ Hair Color _____

Billing Number _____
(Agency Billing Number)

Place of Birth (State or Country) _____ Social Security Number _____

Misc. Number _____
(Other Identification Number)

Home Address Street Address or P.O. Box _____

City _____ State _____ ZIP Code _____

Your Number: _____
OCA Number (Agency Identifying Number)

Level of Service: DOJ FBI

If re-submission, list original ATI number:
(Must provide proof of rejection)

Original ATI Number _____

Employer (Additional response for agencies specified by statute):

Employer Name _____

Mail Code (five digit code assigned by DOJ) _____

Street Address or P.O. Box _____

City _____ State _____ ZIP Code _____

Telephone Number (optional) _____

Live Scan Transaction Completed By:

Name of Operator _____

Date _____

Transmitting Agency _____ LSID _____

ATI Number _____ Amount Collected/Billed _____