

## Child Care Licensing (CCL)

### Live Scan Fingerprint Processing Form 05/19



CCL rules require all individuals involved with child care to pass a background check including **fingerprints**.

#### Child Care Licensing

After you **pay** CCL to process your fingerprints, you must **complete** and present this form and a current, valid government-issued **photo identification** (i.e. driver's license, State ID, military ID, etc.) to a State of Utah approved Live Scan fingerprinting site in order to be fingerprinted. The Live Scan fingerprinting site you select may charge a separate **fee** to capture your prints and may retain this form.

For a list of State authorized Live Scan fingerprinting sites, please visit

<https://childcarelicensing.utah.gov/forms/All/Some%20Fingerprinting%20Locations.pdf>

### Individual's Information

|             |                          |                 |                          |    |      |  |
|-------------|--------------------------|-----------------|--------------------------|----|------|--|
| Last Name:  |                          |                 |                          |    |      |  |
| First Name: |                          | Middle Name:    |                          |    |      |  |
| Eye Color:  |                          | Hair Color:     |                          |    |      |  |
| Height:     |                          | Weight:         |                          |    |      |  |
| Gender:     |                          | Race:           |                          |    |      |  |
| DOB:        |                          | Place of Birth: |                          |    |      |  |
| US Citizen: | <input type="checkbox"/> | Yes             | <input type="checkbox"/> | No | SSN: |  |

The above information has been reviewed by me and is true and correct.

Individual's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### Billing Information

|                              |   |                      |                        |
|------------------------------|---|----------------------|------------------------|
| Billing Code<br><b>B2086</b> | Reason Fingerprinting<br><b>UCA 26-39-404</b> | Agency<br><b>DOH</b> | WIN/FBI<br><b>NFUF</b> |
|------------------------------|---|----------------------|------------------------|

### Fingerprint Vendor Use Only

The fingerprint technician must sign and date before returning this form to the applicant.

OTN/Live Scan Site: \_\_\_\_\_

Technician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### CCL Use Only

CCL Fingerprint fee payment verified by: \_\_\_\_\_ Date: \_\_\_\_\_