

AUG 03 2015



Since 1997

Statutory Fingerprinting & Notary, Inc.
Inked or computerized fingerprinting
"Safety and Well-being comes first"

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Level 2 Background Check Form

Please complete your information CLEARLY, check one category below and write the appropriate ORI-OCA or VECHS number

Applicant Name: _____ Phone #: _____
State of Birth in the USA _____ Country of Birth Outside the USA _____ US Citizen (circle) Yes or No
Race: N Sex: M Eye Color: Brown Hair Color: Gray Height: 5 feet 4 inches Weight: _____ pounds
Agency/Company/Facility or School Name ARTIS DRIVING SCH Phone# 954 384 6770

- AHCA-Home Health -HHA-C.N.A-Employment -ORI#-**E-AHCA-020-Z**
- APD-General -ORI#-**E-APD-GN-10-Z** -OCA# _____
- APD-CDC -ORI#-**E-APD-FC-20-Z** -OCA# _____
- DCF-Regular -ORI#-**E-DCF-GN-10-Z** -OCA# _____
- DCF-SUMMER CAMP -ORI#-**E-DCF-SC-30-Z** -OCA# _____
- DCF-Licensed-MENTAL HEALTH-Facility -ORI#-**E-DCF-MH-20-Z** -OCA# _____
- DCF-Licensed-SUBSTANCE ABUSE-Facility -ORI#- _____ -OCA# _____
- DOH-State Board-License or EXAM-ORI#- _____
- DBPR-Dept. Bus. Prof. Regulation-ORI#- _____
- DOEA-Dept. of Elder Affairs -ORI#- _____
- DOE-Dept. of Education -ORI#- _____
- DFR -Dept. Financial Regulation -ORI#- _____
- DHSMV-Dept. Hwy Safety Motor Veh.** -ORI#- FL 924360Z
- Medicaid -ORI#- **E-AHCA-013-Z**
- Non-Professional Guardian -ORI#- _____
- Professional Guardian -ORI#- _____
- NAME Change Brow-Dade WPB -ORI#- _____
- VECHS-Employee-E -VECHS-Volunteer -V
- Other - ORI#- _____

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DISCLOSURE-PLEASE READ: SF&N will electronically submit your fingerprints directly to FDLE (Florida Dept. of Law Enforcement) where a Level 2 criminal history background check will be conducted. Your results will be sent within 24 to 72 hours to the regulatory agency and then distributed to your employer, school, or licensing agency within 7 business days. To check on your results, you may contact FDLE at 888-410-8161 and provide them with the entire TCN number listed below. Please send us an email to sfn@fingerprintingnotary.com confirming receipt of your results. If your results are not received within 15 days, you MUST notify our office immediately with the entire TCN number listed below. If we do not hear from you, we will assume that your results are received in a timely manner. Level 2 Live Scan transactions are kept in our computer system for only 45 days. If the FBI rejects your fingerprints, FBI requires that a 2nd set of fingerprints must be submitted. There is a \$5 exact cash service charge for the additional set of fingerprints. You must bring this receipt to us along with the entire FBI 20 digit TCR rejection number. Results cannot be shared with the exception of those regulatory agencies participating in the Clearinghouse. AHCA notified all providers participating in the Clearinghouse that they must have their employees/applicants sign the privacy policy and provide them with the AHCA Screening Request ID number to give to Statutory Fingerprinting. Validation of results and how long information is kept, depends on the policy of the regulatory agency, employer or school. All level 2 criminal history background checks, mandatory state and federal fees and our services fee are included in your payment. If you are a health care professional and/or taking your exam for your state board license or if your regulatory agency, employer or school participates in the Clearinghouse, you are required to be photographed. Payment is non-refundable once services are provided. You must verify the accuracy of your demographic information with our Fingerprinting Technician before you are fingerprinted and make sure that your ID is returned to you. Please make sure that you select the correct category above. By signing below you have indicated that you've read and understood the disclosure and that all information provided is true and correct to the best of your knowledge. Please keep this original receipt for your records, and provide a copy to your employer, school, or licensing agency for their records. Thank you for your patronage!

Applicant Signature _____ Date 8.3.15 Stop Here!

OFFICIAL USE ONLY	Payment Receipt	Amount Paid \$ <u>61</u> (Notary - Mail BSO) Rep. <u>100</u>
Payment Method: - MC - Visa - <u>Amex</u> - 1st Party Business Check - Exact Cash - Prepaid - Phone Pay - Invoice	SFN-1st TCN# <u>70C11</u> series of <u>5</u> zeros <u>391307</u>	Tech <u>MC</u> - 2nd Set-TCN _____ Tech _____
FBI TCR # (20 digits) _____	-2nd set service fee \$5 (Exact Cash)	

SCANNED