

1st Choice Livescan
4701 W Midlothian Turnpike, Suite 2
Crestwood, IL 60418

Florida Card Scan Prepaid – Instructions

1. Completely fill out the Out of State Fingerprint Form
2. Coordinate with your local police department or fingerprint vendor to fingerprint you on FD258 Fingerprint Cards **
3. Please include email address on next page to receive your results
4. Mail Completed Fingerprint Cards and Completed Card Scan Form to:

1st Choice Livescan
4701 W Midlothian Turnpike, Suite 2
Crestwood IL 60418
(800) 807-5750 Ext 105

**** Fingerprint Quality – 1st Choice uses the best equipment available to the industry. However, the quality of the fingerprints on the card will determine if they are accepted or rejected. We routinely receive smudges where there should be fingerprints. If your fingerprints are determined to be AFIS unacceptable and rejected, you will need to send another set of fingerprints along with a resubmission fee of \$55. We encourage applicants to have the fingerprints digitally captured and printed to the cards.**

Please do not submit your application for license to the state until you receive the TCN number from us. The TCN number on the forms the State sends out are not correct for this purpose.

1st Choice Livescan Fingerprinting, Inc.

Florida - Out of State Cardscan

Please Print Clearly:

Last Name: _____ First Name _____ MI _____

Address _____

City _____ State _____ Zip Code _____

Date of Birth ____ / ____ / ____ Sex _____ Race _____

Eyes _____ Hair _____ Height _____ Weight _____

Phone # (____) _____ Social Security # ____ - ____ - ____

Place of Birth (State or Country) _____

OCA Number (If Known) _____ ORI Number _____

Reason for being printed _____

I hereby authorize 1st Choice Livescan Fingerprinting to submit fingerprints on my behalf for the purpose listed above. I will hold 1st Choice, and any other persons directly involved with obtaining this criminal history check free of any cause of action or liability involving this criminal history check.

Email Address for Receipt: _____

Signature _____

Date _____

Office Use ONLY

TCN # _____ Date Transmitted _____