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ANYTIME MOBILE FINGERPRINTING

1219 Millennium Parkway
Brandon, FL 33511

LIVESCAN RECEIPT

ORIGINATING AGENCY # LSD000816

TCN# 70CB44000002______

Serving The Tampa Bay Area
Web: www.anytimefingerprinting.com
E-mail: anytimefingerprinting@gmail.com
Phone: 813-956-6359

Date: ______/______/______

Reason: ______________________
AHCA,APD, DBPR, DCF, DMV, DOH, Medicaid, Vechs

ORI # VDOEPRIV3

OCA # ______________________

PHOTO: ______________________
___ CASH ___ CHECK # ______________
___ CREDIT CARD
TOTAL AMOUNT $______________

____
LAST NAME, FIRST NAME MIDDLE

____
STREET ADDRESS

____
CITY, STATE ZIP

How did you hear about us? ____

Please allow 3-5 business days for FDLE to process background checks and for your requesting Agency to receive and post your results.
FOR YOUR PRIVACY: **We do not receive a copy of your results, status updates, information, or communication of any kind from FDLE or your Agency.**
If you have any questions about the status of your background check or timeframes call FDLE 1-850-410-8161. Call or email us if you have other questions.
Anytime Mobile Fingerprinting, LLC Thanks You For Your Business.

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Please fill in Personal Information below requested by FDLE

Please use the information above for your Receipt / Invoice

Social Security Number: ______________________

NOTE: Social Security # is required for your requesting agency to access your background check.
If you prefer you may contact your agency and provide them with the number directly.

Date of Birth: Month: ______ Day: ______ Year: ________ (Month / Day / Year)

Place of Birth: ______________________________________ (State's Name if in U.S. or Foreign Country's Name)

U.S. Citizen: Yes _____ **Country of Citizenship If Not U.S.** ______________________

Gender: (Please Circle One) Female Male Unknown

Race: Asian/Oriental Black Amer-Indian/Alaskan-Native Latino-Black Latino-White Unknown White

Eye Color: Black Blue Brown Green Gray Hazel Maroon Multicolored Pink Unknown

Hair Color: Bald Black Blonde/Strawberry Brown Gray/PartialGray Red/Auburn Sandy White Other______

Height: _____ ft ______ in

Weight: ____________ lbs

Contact Phone #: or E-mail ______________________________________

Anytime Mobile Fingerprinting, LLC will not sell, use or disseminate any of the above information given except for the sole purpose of providing FDLE (Florida Department of Law Enforcement) the needed information to perform your level II background check. In no event shall Anytime Mobile Fingerprinting, LLC be held liable for damages of any kind (including, but not limited to, special, incidental, or consequential damages, lost profits, or lost data that may occur regardless of the foreseeability of those damages). Your personal information is strictly confidential.

Customer Signature: ______________________________ **Date:** ______________