

Alternative Care / Food Program

Live Scan Fingerprinting Authorization Form 01/19



The **Child and Adult Care Food Program (CACFP)** requires all individuals involved with child care to pass a background check including **fingerprints**. Your fingerprints must be collected by a State of Utah approved fingerprinting site.

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 the fingerprinting site in order to be fingerprinted. The fingerprinting site you select may charge a fee to take and **submit** your prints and may retain a copy of this form. For a list of State authorized fingerprinting sites, please visit <https://childcarelicensing.utah.gov/forms/All/Some%20Fingerprinting%20Locations.pdf>

To process the background check, **identify** the name of the facility below and **send** a completed copy of this form to **CCL** at childcarelicensing@utah.gov, Fax 801-274-0645, or PO Box 142003, Salt Lake City, UT 84114-2003

Name of Facility: _____ Facility Phone Number _____

Applicant 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.

Applicant Signature: _____ Date: _____

Billing Information

Billing Code B2161	Reason Fingerprinting NCPA/VCA	Agency DOH	WIN/FBI NFUF
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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: _____

Technician, For assistance with this form, please contact OBPS at 866-320-0513 or clearance-childcare@utah.gov.

CCL Use Only

CCL Fingerprint fee payment verified by: _____

Date of payment verification: _____