VOLUNTEER LiveScan Request Form for Florida Department of Corrections

NOTE: This form can be used on an FDC LiveScan Device or at an alternate site such as a Sheriff's Office.

- NOTE: You will need to bring your Driver's License and Social Security Card to the appointment.

Please Provide the LiveScan Operator with the following information:

- Name (Last, First, Middle, Suffix): _____
- Alias names used: _____
- Date of Birth: _____
- Gender: _____
- Race: _____
- Height: _____
- Weight: _____
- Eye Color: _____
- Hair Color: _____
- Place of Birth (State): _____
- Applicant street address: _____
- City, State, Zip: _____
- SSN: _____

For LiveScan Operator: Florida Law Enforcement (MAP) type transaction

- Originating Agency Identifier (ORI) - **FL037H75C** *** (MAP transaction) ***
- Enter the below information on the Occupation or OCA line:

VOLUNTEER /_____

TITLE / INSTITUTION NAME

LiveScan Operator: Please record the Transaction Control # (**TCN**): _____