

# Request for L-1 Livescan Fingerprinting Services

## NYS Division of Criminal Justice Services (DCJS) Record Review Program

**Instructions for applicant:** Complete this form and visit [www.l1enrollment.com](http://www.l1enrollment.com) or call 1-877-472-6915 (toll free number) to schedule an appointment for fingerprinting. Remember to bring this form and the required forms of identification to your fingerprinting appointment.

### **Contributor Agency Section:**

ORI: NYDCJSPRY Contributor Agency: DCJS Record Review Program

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**Applicant Section:**     New Submission     Resubmission

**\*Mandatory Fields**

Purpose of Fingerprinting (optional): \_\_\_\_\_

\*Name of Applicant Last \_\_\_\_\_ \*First \_\_\_\_\_ Middle Initial \_\_\_\_\_

Alias or Maiden Name: \_\_\_\_\_

\*Current Street Address: \_\_\_\_\_ Apt/Building \_\_\_\_\_

\*City: \_\_\_\_\_ \*State \_\_\_\_\_ \*Zip: \_\_\_\_\_

Country \_\_\_\_\_

\*Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ \*Sex:  Male  Female    \*Race: \_\_\_\_\_

Ethnicity:  Hispanic  Non Hispanic  Unknown    Height: \_\_\_\_\_ ft. \_\_\_\_\_ in.    Weight: \_\_\_\_\_ lbs.

Skin Tone: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

State or Country of Birth: \_\_\_\_\_ Country of Citizenship: \_\_\_\_\_

\*Primary Contact: Telephone (and/or) \_\_\_\_\_ E-Mail Address \_\_\_\_\_

**TO MAIL RECORD REVIEW RESPONSE TO ATTORNEY, CHECK BOX AND COMPLETE INFORMATION BELOW**   

Name of Attorney: Last \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_

Current Street Address: \_\_\_\_\_ Suite/Floor \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

### **Accepted Forms of Identification Section:**

**NOTE:** Applicant ***MUST*** present two (2) forms of ID, at least **one** of which must have a photo (see Column A):

**Column A - Valid Photo Identification:**

U.S. Passport (unexpired or expired)  
Permanent Resident Card  
Alien Registration Receipt Card  
Unexpired Foreign Passport  
Driver's License or Photo ID Card  
(issued by U.S. State or Territory)  
School or College ID Card (with photo)  
Unexpired Employment Authorization  
with photo (Form I-766)  
Photo ID Card issued by federal, state, or local govt.

**Column B - Valid Supplementary Identification:**

Voter registration card  
U.S. Military card or draft record  
Military dependent's ID card  
Coast Guard Merchant Mariner Card  
Native American Tribal Document  
Canadian Driver's License  
U.S. Social Security Card  
Original or certified copy of a Birth Certificate  
issued by authorized U.S. agency with official seal  
Certification of Birth Abroad (issued by U.S.  
Department of State)  
U.S. Citizen ID Card (Form I-197)

**Identification if under 18 and nothing else available:**

School record or report card    Clinic, doctor, or hospital record

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New York State Division of Criminal Justice Services (DCJS) Record Review Program:  
Instructions for Livescan Submission

**Background:** As of December 15, 2009, all Record Review applications, **except for those requesting a waiver of the DCJS Record Review fee**, will be processed by L-1 Identity Solutions – a vendor under a state contract.

**Livescan Request for Record Review.** Applicants living in New York State (**other than those requesting a fee waiver**) should complete the “L-1 Request for Livescan Fingerprinting Services – NYS Division of Criminal Justice Services: Record Review Program” form and visit [www.l1enrollment.com](http://www.l1enrollment.com) or call 1-877-472-6915 (toll free number) to schedule an appointment for fingerprinting. **You will need the ORI Number – NYDCJSPRY - -to schedule the appointment.** You should bring the application form and the required forms of identification specified to your fingerprinting appointment. **Complete address information and telephone number (for follow up if needed) is important to ensure timely receipt of your Record Review response.**

**Fingerprinting Fee:** Payment options include: personal or business check, certified check, bank check, money order payable to "L-1 Enrollment Services", a credit card, or cash. Total cost is \$61.75 (the DCJS Record Review Fingerprint Fee of \$50.00 and the L-1 Identity Solutions processing fee of \$11.75).

**Response.** Upon completion of the L-1 Identity Solutions fingerprinting appointment, please allow for a minimum of seven to ten business days for your response to be sent to you by DCJS via U.S. Mail. The response memorandum that you will receive may include criminal, civil or no record information. A form explaining how to challenge any reported information will also be included with the response.

**Other Mechanisms To Submit Record Review Requests:**

*Cardscan.* Applicants living outside New York State should request from the DCJS Record Review Unit at 518-485-7675 or 518-457-9847 a cardscan application packet. The packet including the application form, the fingerprint card and the fingerprinting fee should be mailed to L-1 Identity Solutions as directed.

*Fee Waiver.* An individual requesting that the DCJS Record Review fee of \$50.00 be waived should request from the DCJS Record Review Unit at 518-485-7675 or 518-457-9847 a Fee Waiver application packet. The packet should be completed as instructed and returned to the DCJS Record Review Unit for processing.