



Secure Fingerprint *Card-Scan*TM Service

Live Scan As Close As Your Mailbox

Complies with Live Scan Level 2 (FL & FBI)
Criminal History Background Check for:

Florida Department of Health (DOH)



4511 N. HIMES AVENUE, SUITE 200
TAMPA, FLORIDA 33614 USA

813.350.7943 866.288.6543 FAX 877.301.3437

Level 2 Background Check Requirements

Florida Department of Health (DOH) regulations mandate in-state and out-of-state Providers submit electronic fingerprint files (live scan) with the *new* Clearinghouse ORI numbers for Level 2 background checks. Providers can utilize fingerprint cards (FD-258) for a secure live scan solution with proven results.

The proven solution is: Secure Fingerprint *Card-Scan*[™] Service.

Secure Live Scan Fingerprinting Service: As Close As Your Mailbox

Florida-based, Registered & Certified Ideal Identification provides Secure Fingerprint *Card-Scan*[™] Service to convert fingerprint cards to Live Scan files for fast, secure submissions for Level 2 background checks. Simply mail the Secure Fingerprint *Card-Scan*[™] Service Form (from anywhere in Florida, the U.S. or around the World), completed APPLICANT (FD-258) fingerprint card and payment directly to Ideal Identification. The fingerprint cards are converted to Live Scan the same day they are received by Ideal Identification.

Don't have fingerprint cards for your group?

No Problem. Ideal Identification will send you a Fingerprint Card Package including: FD-258 fingerprint cards, data input sheets, instructions for mail back and access to our bi-lingual live scan customer service at no charge.

Who should use Secure Fingerprint *Card-Scan*[™] Service?

Secure Fingerprint *Card-Scan*[™] Service should be used by Providers who require a Level 2 background check and who live outside the state of Florida, are not in close proximity to secure live scan service in Florida or desire to process large numbers of fingerprint background check candidates with a single experienced, secure live scan provider.

A detailed Transaction Control Number (TCN) Report for each Secure Fingerprint Card-Scan submission is created and e-mailed to you. This Report provides proof of live scan service. This advanced report also creates a new standard for fast, accurate live scan candidate submission tracking. Larger TCN users may also qualify for TCN Electronic Portfolio Service at no charge.

What happens to your personal information?

The explosive growth of identity theft gives rise to security concerns regarding how personal information (Name, SS#, DOB, etc.) collected during the live scan process is handled. There are currently no Florida laws protecting the personal information used for live scan. Security of your private information is a primary concern and is assured with our exclusive [Privacy Policy Notice](#). Personal information collected by Ideal Identification for live scan submissions is never sold, leased or rented to 3rd parties.

For more information contact Ideal Identification at 813-350-7943, toll-free 866-288-6543 or send us e-mail: requestinfo@idealid.net. Reference Secure Fingerprint *Card-Scan*[™] Service in the subject line.

¹ELECTRONIC FINGERPRINT TRANSMISSION SPECIFICATION, May 2, 2005
Department of Justice, Federal Bureau of Investigation, Criminal Justice Information Services Division.

²FDLE Notice: Effective April 15, 2012 FBI will no longer accept fingerprint cards.

READ THIS FIRST

Instructions for Secure Fingerprint *Card-Scan*[™] Service

Florida Dept. of Health (DOH) Submissions (Rev. 1-13)

1. Fill out the APPLICANT Fingerprint card and the DOH Secure Fingerprint *Card-Scan*[™] Service Data Input Form with **black** ink only.
Don't forget your e-mail address and telephone number.
2. Take the APPLICANT Fingerprint card to your local Police Department or Sheriff's Office for "Rolled Fingerprints".
3. After your fingerprints have been rolled on the enclosed APPLICANT fingerprint card, mail the completed APPLICANT fingerprint card with the DOH Secure Fingerprint *Card-Scan*[™] Service Form and money order payment to:
Ideal Identification Inc.
Note: No live scan service will be provided without enclosed payment.
4. Florida Department of Health will receive your Florida criminal history record and your FBI criminal history background record. This will complete your Level 2 Background Check.
5. Ideal Identification will e-mail you a Transaction Control Number (TCN) Report to verify your live scan submission. Be sure to include your e-mail on the Data Input Form.

Note: All data fields must be written/printed legibly and completely filled-in to expedite the Secure Fingerprint *Card-Scan*[™] Service. Please mail only the completed Secure Fingerprint *Card-Scan*[™] Form with completed fingerprint card and a money order for \$95.00 (payable to **IDEAL IDENTIFICATION INC.**) for each submission to:

IDEAL IDENTIFICATION INC.
4511 N. Himes, Ste. 200
Tampa, FL 33614

If you have any question, please contact IDEAL IDENTIFICATION INC.:
(813) 350-7943 or (866) 288-6543

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IDEAL IDENTIFICATION INC.

Secure Fingerprint *Card-Scan*TM Data Input Form (Rev 1-13)

Transaction

FL Dept of Health Clearinghouse ORI #:	
Reason Fingerprinted:	<i>Criminal History Background Check</i>

Personal

Name: (i.e. John J Smith = Smith, John J)	
Social Security #:	
Date of Birth: (i.e. April 24, 1954 = 19540424)	
Place of Birth (i.e. Florida = FL):	
Country of Citizenship (i.e. U.S.):	
Address/Residence of Person Fingerprinted:	
Employment Occupation:	
Employer Name and Employer Address:	
Your E-mail Address:	
Your Telephone #:	

Physical Description

Gender (Reference back page):	
Race (Reference back page):	
Eye Color (Reference back page):	
Hair Color (Reference back page):	
Height (<i>Feet & inches</i>):	
Weight (<i>In pounds</i>):	

Note: All data fields must be legible and completely filled-in to expedite the Secure Fingerprint *Card Scan*TM Service.

Please send your completed fingerprint card(s), completed Form(s) and a money order for \$95.00 (payable to Ideal Identification Inc.) for each live scan submission and mail or overnight to:

Ideal Identification Inc.
4511 N. Himes Ave. #200
Tampa, FL 33614

Recorded by: _____ Date: _____ TCN: _____

Copies of this Form may be made for additional Secure Fingerprint *Card-Scan*TM Service submissions.

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Secure Fingerprint *Card-Scan*TM Data Input Form (Rev 1-13)

Physical Descriptor Abbreviations

Gender

F	Female
M	Male
X	Unknown

Race

A	Oriental/Asian
B	Black
I	American Indian/Alaskan Native
U	Unknown
W	White (includes Mexicans & Hispanics)

Color Eyes

BLK	Black
BLU	Blue
BRO	Brown
GRN	Green
GRY	Gray
HAZ	Hazel
MAR	Maroon
MUL	Multicolored
PNK	Pink
XXX	Unknown

Hair Color

BAL	Bald
BLK	Black
BLN	Blonde or Strawberry
BLU	Blue
BRO	Brown
GRY	Gray or Partially Gray
ONG	Orange
GRN	Green
PLE	Purple
PNK	Pink
RED	Red or Auburn
SDY	Sandy
WHI	White
XXX	Unknown