



Torcia's Live Scan

3702 E. Osborne Ave.

Tampa, FL 33610

813-361-9328

www.torcialivescan.com

Applicant Information

Full Name: _____ **Date:** _____
First Middle Last

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Gender: Male Female **Race:** White Black American Indian Asian Other _____

Height: _____ **Weight:** _____ **Eye Color:** _____ **Hair Color:** _____

Date of Birth: _____ **Social Security No.** _____ **Drivers License** _____

Are you a citizen of the United States? YES NO **Birth Place:** _____

Agency Requesting Screening – Select One

- | | |
|--|--|
| <input type="checkbox"/> Agency For Healthcare Administration (AHCA) | <input type="checkbox"/> Nationwide Mortgage Licensing System (NMLS) |
| <input type="checkbox"/> Department of Health (DOH) | <input type="checkbox"/> Florida Department of Education |
| <input type="checkbox"/> Department of Children & Family Services (DCF) | <input type="checkbox"/> Florida Medicaid |
| <input type="checkbox"/> Agency for Persons with Disabilities (APD) | <input type="checkbox"/> Clerk of the Court (Name Change) |
| <input type="checkbox"/> Department of Juvenile Justice (DJJ) | <input type="checkbox"/> Florida Mortgage Loan Originator (NMLS) |
| <input type="checkbox"/> Department of Elder Affairs (DOEA) | <input type="checkbox"/> Florida Department of Highway Safety (DHSMV) |
| <input type="checkbox"/> FL Dept of Business & Professional Regulations (DBPR) | <input type="checkbox"/> Volunteer & Employee Criminal History (VECHS) |
| <input type="checkbox"/> Florida Dept. of Agriculture & Consumer Svcs. (FDACS) | <input type="checkbox"/> Department of Vocational Rehabilitation (DVR) |

Employer Information

Employer Name: _____

ORI Number: _____ (For DCF USE ONLY) **OCA#:** _____

TCN Number: _____

I hereby state that, to the best of my knowledge my answers to the above questions are true and correct

Applicant Signature _____ **Applicant Phone No.** _____

Disclaimer: I agree to have Torcia's Support Care, perform a livescan and submit the above information along with my fingerprints to the Florida Department of Law Enforcement (FDLE) with the Controlling Agency Number (ORI) listed above. I hold harmless Torcia's Support Care and its affiliates for any errors or omissions in performing this screening and for any results of the screening services. BACKGROUND CHECK RESULTS ARE NOT SENT BACK TO Torcia's Support Care. Torcia's Support Care, DOES NOT SELL, RENT OR SHARE ANY OF YOUR CONFIDENTIAL INFORMATION. We do not issue refunds under any circumstance once the scan has been submitted. Please be certain that the information you provide on this form is accurate. Once it is received by the Florida Department of Law Enforcement (FDLE), it will be processed exactly as it was submitted and cannot be changed.