

Personal Security Concepts



3116 Capital Circle NE, Ste 3 Tallahassee, FL 32308 Phone: (850) 656-9400

****You will be required to present a valid picture ID at the time of screening****

Date: _____

Employer/Contractor Name: _____

Important Requirement: All information regarding the applicant (Employee/contractor) must be submitted including Full Name, Address, Social Security Number, Date of Birth, Race, Sex, Height, and Weight.

ORI#: _____ **OCA# (Day Cares):** _____

****Incomplete information may result in rejection or delay of screening results****

Last Name: _____ First Name: _____

Middle Name: _____ SSN#: _____ - _____ - _____

Address (No PO Box): _____

City: _____ State: _____ Zip Code: _____

DOB (YYYY/MM/DD): ____/____/____ Birth State: _____ Country Of Citizenship: _____

Sex: **M** or **F** Eye Color: _____ Hair Color: _____ Height: _____ Weight: _____

Race (pick one): _____ **W** – White, **B** – Black, **U** – Unknown, **A** – Asian, **I** – Alaskan/Native American

I affirm that the information provided is true and complete.

Signature: _____ Telephone#: _____

Please allow at least **3 business days** for your LiveScan results to reach their desired destination. If you need to check the status of your background screening, the FDLE submission verification number is **850-410-8161**. You will need the TCN number located on this receipt.

***** Office Use Only *****

DATE	DESCRIPTION	AMOUNT
Payment Method:	TCN# 70CC26____000000_____ TRANSMITTED <input type="checkbox"/> PRINTED BY: _____ LIVESCAN (Level II) BACKGROUND SCREENING	
	DRUG SCREENING SERVICES FEE	
	PHOTO ID# _____ TRANSMITTED <input type="checkbox"/> _____ TRAVEL FEE	
	TOTAL	