



**State of Florida  
Department of Children and Families**

**Ron DeSantis**  
Governor

**Shevaun L. Harris**  
Secretary

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**DATE:** July 24, 2023

**TO:** Child Protection Directors  
Florida Abuse Hotline Staff  
Sheriff's Offices Conducting Child Protection Investigations  
Community-Based Care Lead Agency CEOs

**THROUGH:** Jess Tharpe, Assistant Secretary, Child & Family Well-Being *JT*

**FROM** Kathryn Williams, Deputy Assistant Secretary, Child & Family Well-Being *KW*

**SUBJECT:** FDLE-Registered Livescan Service Providers: Reminders and Best Practices

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This memo serves as an important reminder to our agency and contracted entities regarding FDLE-registered Livescan Service Provider's policies and recommended best practices for the submission of fingerprints. These best practices are necessary to remain in compliance with both FDLE and the FBI. Please see all attachments and make sure any party that is fingerprinted receives the privacy statement and the waiver. Also attached is the fingerprint exemption form for those that meet the criteria.

### **Fingerprint Retention**

During a recent audit by the Federal Bureau of Investigation (FBI), it was determined that some Livescan Service Providers offer a service to applicants (customers) in which they retain copies of originally submitted fingerprint images. Subsequently, an applicant may request the Livescan Service Provider resubmit those previously captured fingerprint images for a new, unrelated purpose.

Please note that the practice of re-using fingerprint images for a purpose(s) other than originally intended is not acceptable to FDLE nor the FBI. If your office/agency has adopted this practice, you must immediately cease and desist this activity. If applicant fingerprints are submitted under an incorrect Originating Agency Identifier (ORI) number, the agency/entity/organization requesting the background check will not receive the respective results; in these cases, the applicant must be re-fingerprinted under the correct ORI and submitted under a unique Transaction Control Number (TCN).

### **Submission of Fingerprints**

Livescan Service Providers should require applicants to provide the correct ORI for use with a fingerprint submission. If the applicant does not have the ORI, they must contact the respective regulatory or requesting agency/entity/organization to obtain the correct ORI to be used for the fingerprint submission. Neither FDLE nor the FBI can provide an applicant the ORI.

The appropriate steps for this process should be as follows:

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2415 North Monroe Street, Suite 400, Tallahassee, Florida 32303-4190

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Mission: Work in Partnership with Local Communities to Protect the Vulnerable, Promote Strong and Economically Self-Sufficient Families, and Advance Personal and Family Recovery and Resiliency

1. An applicant applies for employment/licensure/certification, etc.
2. An agency/entity/organization requests the applicant be fingerprinted and provides the applicant and ORI number.
3. The applicant goes to a Livescan Service Provider and provides the ORI number to be used with the fingerprint submission.
4. The Livescan Service Provider records the applicant's fingerprints and submits them to FDLE using the provided ORI number.
5. FDLE processes the transaction and disseminates the results of the criminal history record check to the requesting agency/entity/organization.

When an incorrect ORI is used, results are sent to the incorrect agency/entity/organization. FDLE is required by the FBI to ensure a specific purpose code can be provided for all criminal history record requests for Criminal History Record Information (CHRI). Such errors have resulted in an audit finding during the FBI's most recent audit of Florida (FDLE).

### **Payment of Fees**

Failure to pay the balance of an invoice may result in your account being disabled until the balance is paid in full.

### **Other Technical Considerations**

Livescan Service Providers may expect to receive system-generated notifications if there is an issue with the submission of fingerprints; these notifications are sent by e-mail from:

[ApplicantChecks@fdle.state.fl.us](mailto:ApplicantChecks@fdle.state.fl.us) and contain a subject line of **CWCS Error**, **CWCS Request Rejected**, and/or **CWCS Duplicate TCN Notification**.

- If you correct and resubmit a transaction, it is unnecessary to send a reply e-mail to FDLE informing their office that it has been corrected.
- If you wish to verify or update contact information associated with your device's profile and/or billing information, please contact FDLE's Criminal History Services (CHS) Section.

To verify a transaction's status, Livescan Service Providers or applicants are welcome to navigate to the online **Civil Workflow Control System Transaction Status Search** tool at: <https://cchinnet.fdle.state.fl.us/search/app/tcnlookup?2>.

- A **Complete** status signifies that the transaction's results have been sent to the respective regulatory or requesting agency/entity/organization.

Livescan Service Providers submitting fingerprints to FDLE, and the FBI should be aware of the proper procedures for recording fingerprints. Please refer to the information available on the FBI's **Recording Legible Fingerprints** page at: <https://www.fbi.gov/services/cjis/fingerprints-and-other-biometrics/recording-legible-fingerprints>.

### **Applicant Identity Verification**

Livescan Service Providers submitting fingerprints should be aware that the Compact Council has prepared a guide for voluntary use in the development of policy, procedures, and practices for applicant identity verification. The **Identity Verification Program Guide** may be found on

the FBI's website at: <https://www.fbi.gov/file-repository/compact-council-identity-verification-program-guide-single-page.pdf/view>.

### **FDLE's Registered Livescan Service Provider Listing**

A Registered Livescan Service Provider listing is maintained by FDLE and located on their website at:

[https://www.fdle.state.fl.us/Criminal-History-Records/Documents/InternetDoc\\_ServiceProviders.aspx](https://www.fdle.state.fl.us/Criminal-History-Records/Documents/InternetDoc_ServiceProviders.aspx)

If you wish to have your agency/entity/organization listed, please contact FDLE's Criminal History Services (CHS) Section. FDLE updates the listing monthly, typically by the 1<sup>st</sup> of each month; therefore, FDLE recommends that updates be submitted by the 26<sup>th</sup> of each month to ensure they appear within the most recent publication/listing.

Please note that FDLE does not maintain the **Agency for Healthcare Administration's (AHCA) Provider List**. For assistance specific to AHCA's Provider List, please contact AHCA at [bgscreen@ahca.myflorida.com](mailto:bgscreen@ahca.myflorida.com) or (850) 412-4503. You may also visit their **Livescan Vendor Page** at:

[https://ahca.myflorida.com/MCHQ/Central\\_Services/Background\\_Screening/Operator\\_Vendor.aspx/](https://ahca.myflorida.com/MCHQ/Central_Services/Background_Screening/Operator_Vendor.aspx/)

**CONTACT INFORMATION:** If you have any questions regarding this memorandum, please contact RaeJohne Peterson, Chief of Operations, at [RaeJohne.Peterson@myflfamilies.com](mailto:RaeJohne.Peterson@myflfamilies.com) or (850) 487-6112.

**APPLICANT WAIVER AGREEMENT**  
**AND STATEMENT**

For Criminal History Record Checks

This form shall be completed and signed by every applicant for non-criminal justice purposes.

I hereby authorize (*enter Name of Non-Criminal Justice Agency*) \_\_\_\_\_ to submit a set of my fingerprints to the Florida Department of Law Enforcement (FDLE) for the purpose of accessing and reviewing Florida and national criminal history records that may pertain to me. I understand that I would be able to receive any national criminal history record that may pertain to me directly from the Federal Bureau of Investigation (FBI). Pursuant to Title 28, Code of Federal Regulations (CFR), Sections 16.30-16.34 and that I could then freely disclose any such information to whomever I chose.

I understand that, my fingerprints may be retained at FDLE and the FBI for the purpose of providing any subsequent arrest notifications, upon request you may provide me a copy of the criminal history record report if any, you receive on me and that I am entitled to challenge the accuracy and completeness of any information contained in any such report. I am aware that procedures for obtaining a change, correction, or updating of the FDLE or FBI criminal history are set forth in F.S. 943.056 and Title 28, CFR, Section 16.34. I may obtain a prompt determination as to the validity of my challenge before you make a final decision about my status as an employee, volunteer, contractor, or subcontractor.

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

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**ORIGINAL- MUST BE RETAINED BY NON-CRIMINAL  
JUSTICE AGENCY**

# Privacy Act Statement

*This privacy act statement is located on the back of the [FD-258 fingerprint card](#).*

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

As of 03/30/2018

*See Page 2 for Spanish translation.*

# Declaración de la Ley de Privacidad

*Esta declaración de la ley de privacidad se encuentra al dorso del [FD-258 tarjeta de huellas digitales](#).*

**Autoridad:** La adquisición, preservación, e intercambio de huellas digitales e información relevante por el FBI es autorizada en general bajo la 28 U.S.C. 534. Dependiendo de la naturaleza de su solicitud, la autoridad incluye estatutos federales, estatutos estatales de acuerdo con la Pub. L. 92-544, Órdenes Ejecutivas Presidenciales, y reglamentos federales. El proveer sus huellas digitales e información relevante es voluntario; sin embargo, la falta de hacerlo podría afectar la terminación o aprobación de su solicitud.

**Propósito Principal:** Ciertas determinaciones, tal como empleo, licencias, y autorizaciones de seguridad, podrían depender de las investigaciones de antecedentes basados en huellas digitales. Se les podría proveer sus huellas digitales e información relevante/ biométrica a la agencia empleadora, investigadora, o responsable de alguna manera, y/o al FBI con el propósito de comparar sus huellas digitales con otras huellas digitales encontradas en el sistema Next Generation Identification (NGI) del FBI, o su sistema sucesor (incluyendo los depósitos de huellas digitales latentes, criminales, y civiles) u otros registros disponibles de la agencia empleadora, investigadora, o responsable de alguna manera. El FBI podría retener sus huellas digitales e información relevante/biométrica en el NGI después de terminar esta solicitud y, mientras las mantengan, sus huellas digitales podrían continuar siendo comparadas con otras huellas digitales presentadas a o mantenidas por el NGI.

**Usos Rutinarios:** Durante el procesamiento de esta solicitud y mientras que sus huellas digitales e información relevante/biométrica permanezcan en el NGI, se podría divulgar su información de acuerdo a su consentimiento, y se podría divulgar sin su consentimiento de acuerdo a lo permitido por la Ley de Privacidad de 1974 y todos los Usos Rutinarios aplicables según puedan ser publicados en el Registro Federal, incluyendo los Usos Rutinarios para el sistema NGI y los Usos Rutinarios Generales del FBI. Los usos rutinarios incluyen, pero no se limitan a divulgación a: agencias empleadoras gubernamentales y no gubernamentales autorizadas responsables por emplear, contratar, licenciar, autorizaciones de seguridad, y otras determinaciones de aptitud; agencias de la ley locales, estatales, tribales, o federales; agencias de justicia penal; y agencias responsables por la seguridad nacional o seguridad pública.

A partir de 30/03/2018

## CJIS BIOGRAPHIC VERIFICATION REQUEST

\*ORI of State/Federal/Regulatory Agency: TYPE HERE

Name and Address of requesting agency:

Name: TYPE HERE

Address: TYPE HERE

Name of agency's Point of Contact (POC) for the response: TYPE HERE

Phone number of POC: TYPE HERE

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\*Reason for Request: (Mark appropriate reason for request.)

- Permanently Physically Incapable or Double Amputee** (If selected, complete Section One)  
An individual whose medical condition or disability permanently prevents the collection of any fingerprint impressions.
  
- Fingerprint Impressions Are Determined To Be Illegible** (If selected, complete Section Two)  
An individual whose fingerprints impressions are of insufficient quality due to medical degradation of ridge detail, age or nature of work.

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### SECTION ONE: PERMANENTLY PHYSICALLY INCAPABLE OR DOUBLE AMPUTEE

\*Name (Last, First, Middle): TYPE HERE

\*Date of Birth (MM/DD/YYYY): TYPE HERE \*Sex: \_\_\_\_\_ \*Race: TYPE HERE

Alias Name (Last, First, Middle): TYPE HERE Place of Birth: TYPE HERE

Social Security Number: TYPE HERE Miscellaneous Number: TYPE HERE

State Identification Number: TYPE HERE OCA: TYPE HERE

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### SECTION TWO: FINGERPRINT IMPRESSION ARE DETERMINED TO BE ILLEGIBLE

\*Name (Last, First, Middle): TYPE HERE

\*Two TCNs of the subject's fingerprint submission one of which is required to be the L0008 error message with the caveat of "The quality of the characteristics is too low to be used. Candidate(s) were found. Please resubmit a new set of fingerprints for comparison to the candidate(s)."

(1) TYPE HERE (2) TYPE HERE

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\*Asterisk fields are required in accordance with the type of request. E-mail the completed form to [CJISBioVerify@fbi.gov](mailto:CJISBioVerify@fbi.gov). CJIS staff will respond to the original e-mail. The FBI notes the NGI System or FBI CJIS Division staff can neither confirm nor deny positive identification based on a biographical search.