



# FINGERPRINT AUTHORIZATION FORM

## AZLS- FAF

To ensure the fingerprint technician follows your specified requirements, this form must be presented at the time of service.

602-246-3444 ▪ 928-379-7179 ▪ 520-338-2800

**This Applicant will be fingerprinted for:**

**Full-Service IVP Clearance Card** – applicant leaves with yellow carbon copy

*Customer Selects: Public/Charter School Contractor, Subcontractor or Vendor & Employees - ARS § 15-512*



**Fingerprinting must be completed at one of our regional locations:**

- 2432 W. Peoria Ave, Bldg #3 Ste 1009, Phoenix AZ 85029
- 456 W. Main Street, Ste D, Mesa, AZ 85201
- 4695 N. Oracle Road, Tucson, AZ 85705

Date: \_\_\_\_\_ Applicant Name \_\_\_\_\_

\_\_\_\_\_  
Telephone Number Email Address

**Applicant Instructions:**

- No appointment is necessary – above locations only.
- Present a U.S. government-issued picture ID.
- This service request form is required for proper service and billing.

## East Valley Athletes for Christ

\_\_\_\_\_  
Authorized by

\_\_\_\_\_  
Company Name / Department

**FOR OFFICE USE ONLY**



**THIS FINGERPRINT AUTHORIZATION FORM IS ONLY VALID AT ARIZONA LIVESCAN REGIONAL LOCATIONS LISTED ABOVE**

**Full Service IVP Clearance Card:**

Have the applicant complete the IVP fingerprint clearance card application. Print fingerprints on FD-258 card using AZ Fingerprint Clearance Card Template. Select: Public/Charter School Contractor, Subcontractor or Vendor & Employees - ARS § 15-512. Applicant leaves with yellow carbon copy of the fingerprint clearance card application. AZLS keeps the fingerprints and white copy of the fingerprint clearance card application to send to DPS. Add to Full-Service Log.

Fingerprint Technician Name: \_\_\_\_\_ No. of cards: \_\_\_\_\_

Notes: \_\_\_\_\_