FDLE Fingerprinting

First name:

Middle name:

Last name:

Social Security number (SSN):

Employer ORI:

Circle one: AHCA: Yes or   No:
If AHCA please present employers "Livescan Request Form"
Enter AHCA Screening ID number / Photo Request ID:
Screening ID number assures that the subjects photo is linked to the AHCA fingerprint results.
If no Livescan Request Form request the applicant call the employer to obtain the Screening ID Number.

AHCA applicants Require SSN:

Email:

Phone:

_____

ORI Fee: $_____   https://cchinet.fdle.state.fl.us/search/app/orilookup?2

Fingerprint Capture Fee: $_____

Total: $_____

_____

I agree to pay total fee above
I understand my ORI entered above is my responsibility to have it correct at the time of the appointment.
Method of payment
Cash
Debit/Credit

Signature: _____   Date:_____