



FINGERPRINTING INSTRUCTIONS FOR REGISTERED SERVICEMEMBER ATTORNEYS AND REGISTERED SERVICEMEMBER SPOUSE ATTORNEYS

OVERVIEW

Pursuant to Rule 9.9.5 and Rule 9.41.1(d) of the California Rules of Court, all applicants seeking registration as a Registered Servicemember Attorney or Registered Servicemember Spouse Attorney must submit fingerprints to the California Department of Justice (DOJ) and the Federal Bureau of Investigation (FBI) for the purpose of conducting a background check.

INSTRUCTIONS FOR APPLICANTS IN CALIFORNIA – LIVE SCAN

If you are physically present in California, you must submit fingerprints via Live Scan. A list of Live Scan facilities is available on the California Attorney General's [website](#).

- Bring two copies of the form and a valid, unexpired photo ID to a Live Scan facility.
- The Live Scan operator will complete the last section of the form on both copies.
- The operator retains one copy; you must submit the second copy by uploading it to your RSSA Application or emailing it to mjp@calbar.ca.gov.

Rejected Fingerprints

The Office of Admissions will notify you if your fingerprints are rejected due to poor quality. In the event this occurs, you must:

- Return to the same Live Scan location with your completed form and the rejection notice.
- The reprinting fee will be waived if you provide both documents.

INSTRUCTIONS FOR APPLICANTS OUTSIDE CALIFORNIA – FBI FD-258 CARDS

If you are not physically present in California, you must submit fingerprints on two original FBI FD-258 fingerprint cards.

- Obtain fingerprint cards from a local law enforcement agency or request them from the State Bar.
- Complete the identifying information using only the approved abbreviations.
- Leave the following fields blank: Employer and Address, Reason Fingerprinted, ORI, and Class – Ref. Questions regarding Citizenship (CTZ), Your No. (OCA), Universal Control No.

(UCN), Armed Forces No. (MNU), Miscellaneous No. (MNU), and Race, on the fingerprint cards are optional and do not require a response.

- Mail the two completed original cards to:

State Bar of California – Office of Admissions
 845 South Figueroa Street
 Los Angeles, CA 90017

Do not upload fingerprint cards to the RSSA application or submit them via email.

HAIR COLOR	EYE COLOR		WEIGHT (WGT)	HEIGHT (HGT)	SEX		
Bald	BAL	Black	BLK	Express in pounds.	Express in Feet and Inches	Male	M
Black	BLK	Blue	BLU	(Do not use fractions; round off to nearest pound.)	(Do not use fractions; round off to the nearest inch.)	Female	F
Blonde or Strawberry		Brown	BRN				
	BLN	Gray	GRY				
Brown	BRN	Green	GRN	Examples: 94 lbs.	Examples: 5'11"		
Gray or Partially	GRY	Hazel	HAZ	186 lbs.	6'0"		
Red or Auburn	RED	Maroon	MAR		7'0"		
Sandy	SDY	Pink	PNK				
White	WHI						

Fingerprints must be taken by a law enforcement agency or an agency with technicians who are certified by the DOJ and FBI to fingerprint on the FBI FD-258 fingerprint card and require proper identification. You cannot fingerprint yourself. If the official taking the fingerprints has difficulty obtaining clear fingerprints, you must ask the official to explain in writing why clearer fingerprints could not be obtained and submit the explanation with the fingerprint cards.

FEE WAIVER FOR FINANCIAL HARDSHIP

Applicants who demonstrate financial hardship may request a waiver of the fingerprint processing costs. To request a waiver:

- Submit a written request with supporting documentation (e.g., proof of income, military hardship status) to MJP@calbar.ca.gov.
- The State Bar will review requests on a case-by-case basis in accordance with Rule 9.41.1(e).

Request for Live Scan Service

ORI: A1104

Type of Applicant: State Bar License 6054BPC

Job Title of License Certification or Permit: State Bar License 6054

Agency Address Set Contributing Agency:

State Bar of California License 6054 BPC

Mailing Code: 05878

Office of Admissions

845 S Figueroa St

Los Angeles CA 90017-2515

Name of Applicant: _____

Last

First

MI

AKAs: _____ Billing No. BIL 140031

Last

First

DOB: _____ Sex: Male Female

HT: _____ WT: _____

Applicant's Address

Eye Color: _____ Hair Color: _____

Street or P.O. Box

Place of Birth: _____

(state or foreign country)

City, State and Zip Code

Social Security Number: _____

Driver's License No./Jurisdiction _____

Daytime Telephone Number

Level of Service: DOJ FBI

Your Number: _____

OCA No. (Agency Identifying No.)

If resubmission, list Original ATI No. _____

Employer: (Additional response for agencies specified by statute)

State Bar of California

Employer Name

845 S Figueroa St

Street No. Street or P.O. Box

Los Angeles, CA 90017

City State Zip Code

Live Scan Transaction Completed By: _____ Date _____

Name of Operator

Transmitting Agency

ATI No.

Amount Collected

Original - LiveSecond Copy - Requesting Agency/Applicant