



Bureau of Criminal Identification and Investigative Services

Security Printer
P.O. Box 160447, Sacramento, California 95816
4949 Broadway, Sacramento, California 95820
Phone (916) 210-3216
www.oag.ca.gov

California Department of Justice
XAVIER BECERRA, ATTORNEY GENERAL

REQUIREMENTS FOR FILING A SECURITY PRINTER APPLICATION FOR APPROVAL TO PRODUCE CONTROLLED SUBSTANCE PRESCRIPTION FORMS

IMPORTANT: This application is for approval as a security printer. Beginning July 1, 2004, controlled substance prescription forms produced by approved security printers may be used by authorized prescribers to prescribe Schedule II controlled substances. As of January 1, 2005, controlled substance prescription forms produced by approved security printers are required for the prescription of Schedule II, III, IV, and V controlled substances. These changes are pursuant to California Senate Bill 151 (Burton 2003).

Effective January 1, 2006, security printer applications will be reviewed and solely approved by the California Department of Justice. You will be notified in writing of the approval.

Please follow these instructions completely. Failure to submit the necessary items may result in the denial of your application. Please make sure to submit an applicant/employee information form for the applicant and each person who will have access, management, or direct control of controlled substance prescription forms. You will be notified of any deficiencies in your application.

Please allow approximately 60 days from the time your application packet is submitted before calling the Department of Justice.

Instructions for Submitting the Application Package

Application packages and policies and procedures can be submitted by mail to the California Department of Justice to the attention of *Security Printer Program* at P.O. Box 160447, Sacramento, CA 95816 or via email to SecurityPrinter@doj.ca.gov with your business name as the subject of the email. If you submit via email, please also send originals through the mail.

Please refer to <https://oag.ca.gov> for more information. If you are unable to find answers to your questions at that website, you can contact the California Department of Justice via email at SecurityPrinter@doj.ca.gov or by telephone at (916) 210-3216.

CHECKLIST FOR FILING A SECURITY PRINTER APPLICATION FOR APPROVAL TO PRODUCE CONTROLLED SUBSTANCE PRESCRIPTION FORMS

ALL APPLICANTS

- [] 1) Security Printer Application for Approval to Produce Controlled Substance Prescription Forms. Please make sure to include an applicant/employee information form for the applicant and each person who will have access, management, or direct control of controlled substance prescription forms.
- [] 2) Policies and procedures that meet or exceed requirements outlined in **Health and Safety Code sections 11161.5 et seq. and 11162.1 et seq.**
- [] 3) Copy of *Request for Live Scan Service* form (BCII 016) for the applicant(s) verifying that fingerprints have been scanned and all applicable fees have been paid.

OR

If the applicant(s) resides outside of California, you may still use Live Scan but must do so from a Live Scan site located in California. Otherwise, submit two completed fingerprint cards along with \$49 (includes \$32 California Department of Justice fee and \$17 Federal Bureau of Investigation fee). You may request fingerprint cards from the California Department of Justice by calling (916) 210-3216 or sending a request via email to SecurityPrinter@doj.ca.gov.

Please refer to Fingerprint Requirements below and/or the Instructions for Completing a *Request for Live Scan Service* form on the last page of this application package.

- [] 4) If applicable, Applicant Entity Status

If the applicant is a corporation, limited liability company, or other legal business entity, include a copy of the paperwork filed with the state in which such entity was formed.
- [] 5) If applicable, Fictitious Business Name, Doing Business As (DBA) Name, or, Trade Name

If the applicant wishes to operate under a fictitious name, DBA name, or, trade name, applicant must provide a copy of the registration paperwork filed with the applicable city or county. Please note that any approval issued will be held by the applicant, not the fictitious business name, DBA name, or, trade name.

FINGERPRINT REQUIREMENTS

California Residents

The applicant(s) identified on the application must complete a Live Scan Request form and take all three copies to a Live Scan site for fingerprint scanning. Please refer to the Instructions for completing a "Request for Live Scan Service" form on the last page of this application package. Live Scan sites are located throughout California. For more information about locating a Live Scan site near you, visit the California Department of Justice (DOJ)

website at: <https://oag.ca.gov/fingerprints/locations>.

“REQUEST FOR LIVE SCAN SERVICE” FORM WILL NOT BE ACCEPTED IF “Your Number:” FIELD IS LEFT BLANK. NEW APPLICANTS WILL ENTER “SP00”. APPROVED SECURITY PRINTERS WILL ENTER THEIR CORRESPONDING SP# (EX:SP01).

THE DOJ WILL NOT ACCEPT FINGERPRINT CARDS OR ROLLED FINGERPRINTS FROM CALIFORNIA RESIDENTS.

Fees are \$49 (includes \$32 California Department of Justice (DOJ) fee and \$17 FBI fingerprint processing fee). Additionally, the Live Scan site will charge a processing service fee (this fee can range from \$5 to \$45 depending on the site and whether or not you are a California resident.) Pay ALL fees at the Live Scan site. Results take approximately 10 to 15 days and are sent directly to the Security Printer Program.

The lower portion of the Live Scan Request form must be completed by the Live Scan operator verifying that your fingerprints have been scanned and all applicable fees have been paid.

Attach the second copy of the Live Scan Service form to your application package and submit to the California Department of Justice Security Prescription Printers Program.

Non-California Residents

If an applicant identified on the application resides outside of California, he/she may also use Live Scan but must do so at a Live Scan site in California. Otherwise, he/she must submit two sets of rolled fingerprints on fingerprint cards provided by the California Department of Justice (DOJ), and include a \$49 fee (\$32 DOJ fee and \$17 FBI fingerprint processing fee). You may request fingerprint cards from the DOJ by calling (916) 210-3216 or send a request via email to SecurityPrinter@doj.ca.gov.

If utilizing fingerprint cards instead of Live Scan: submit two completed fingerprint cards, and, a check payable to the Department of Justice for \$49 with your application package to the California Department of Justice. The \$49 fee is per person being submitted for clearance.

THE "YOUR NO. OCA" FIELD ON THE FINGERPRINT CARDS MUST BE FILLED IN. NEW APPLICANTS WILL ENTER "SP00". APPROVED SECURITY PRINTERS WILL ENTER THEIR CORRESPONDING SP# (EX:SP01). IF THE "YOUR NO. OCA" FIELD IS LEFT BLANK THE BACKGROUND CHECK PROCESS WILL BE DELAYED OR REJECTED UNTIL THAT INFORMATION IS PROVIDED.

Fingerprints submitted on cards should be taken by a person professionally trained in the rolling of fingerprints. Fingerprint clearances from cards take approximately four to six weeks and the results are sent directly to the Department of Justice. Poor quality prints may result in rejection. Rejection of the fingerprint cards will substantially delay approval of the security printer application. If fingerprint cards are rejected, you will be required to obtain new fingerprint cards from the Department of Justice, have the fingerprints taken again, resubmit the fingerprint cards to the Department of Justice along with another \$49 to process the fingerprints again and wait another four to six weeks.

THE DEPARTMENT OF JUSTICE WILL ACCEPT FINGERPRINT CARDS FROM RESIDENTS OUTSIDE OF CALIFORNIA ONLY. RESIDENTS OUTSIDE OF CALIFORNIA MAY ALSO USE LIVE SCAN; HOWEVER, THE APPLICANT(S) MUST GO TO A LIVE SCAN SITE IN CALIFORNIA. CALIFORNIA RESIDENTS MUST USE LIVE SCAN.



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**SECURITY PRINTER APPLICATION FOR APPROVAL TO PRODUCE
CONTROLLED SUBSTANCE PRESCRIPTION FORMS**

Please print or type

All blanks must be completed; if not applicable, please indicate N/A

Business Name		DBA/Trade/Fictitious Business Name (if applicable):		Telephone Number	
Physical Street Address					
City		State/Province		Country	
				Zip/Postal Code	
Website Address:			Business Email Address:		
Please indicate the type of business ownership: (Please complete the corresponding section on the reverse side)					
<input type="checkbox"/> Individual Owner/Sole Proprietor		<input type="checkbox"/> Partnership		<input type="checkbox"/> Corporate Ownership	
Please provide the name, title, and location of the applicant's agent for service of process in the state of California.					
Name				Title	
Location					

OPTIONAL: Please provide the name, location, telephone number and email of the person to contact for clarification of information provided in this application package:	
Name	
Title	
Address/City/State/Zip	
Email Address	

Continue on next page

For Office Use Only		
<input type="checkbox"/> Livescan Forms <input type="checkbox"/> Fingerprint Cards <input type="checkbox"/> Fingerprint Results <input type="checkbox"/> Policies and Procedures <input type="checkbox"/> Background Approved	Department of Justice: <input type="checkbox"/> Approved _____ <input type="checkbox"/> Denied _____	Comments:

PLEASE READ CAREFULLY

Please submit your application package to the California Department of Justice. **Do not** send to the California State Board of Pharmacy. After your application is reviewed, you will be notified in writing of approval.

Any material misrepresentation in the answer of any question on the documents required by this application or in the written policies and procedures submitted is grounds for denial or subsequent revocation of security printer approval. Failure to provide any of the requested information will delay the approval process and may result in the application being rejected as incomplete.

Disclosure Information

Pursuant to the California Public Records Act, information may be disclosed to the public and governmental agencies, if necessary, for it to perform its duties. Each individual has the right to review the files or records maintained on him/her by the California Department of Justice, unless the records are identified as confidential information and exempted by section 1798.40 of the California Civil Code.

The business name, address, and telephone number of all applicant security printers **approved** to produce secure controlled substance prescription forms will be posted on the California Department of Justice’s website at <https://oag.ca.gov>. Each individual has the right to review the files or records maintained on him/her by the California Department of Justice, unless the records are identified as confidential information and exempted by section 1798.3 of the California Civil Code.

Alternate Location:

Upon approval of this application, the California Department of Justice will post the applicant’s business name, address, and telephone number on its Web site at <https://oag.ca.gov>. If the applicant would like to maintain the confidentiality of its location disclosed on page one of this application, please designate an alternate mailing address below that will be posted on the California Department of Justice’s Web site.

Alternate Name		Alternate Telephone Number	
Alternate Address		2 nd Alternate Telephone Number	
Alternate City	Alternate State/Province	Alternate Country	Alternate Zip/Postal Code
Web Site Address (Optional)			

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INSTRUCTIONS FOR COMPLETING A "REQUEST FOR LIVE SCAN SERVICE" FORM

California Residents Only

The following instructions are provided to assist you in completing this form accurately. Please follow all instructions carefully and print clearly; failure to do so may result in processing delays of your application.

1. **Job Title or Type of License, Certification, or Permit:** Enter "Rx Security Printer".
2. **Name of Applicant:** Enter your last name, first name and middle name. Do not use initials or name abbreviations.
3. **AKA:** Enter all other names you have used, including your maiden name.
4. **CDL No:** Your California Driver's License Number.
5. **DOB:** Your date of birth (month/day/year).
6. **SEX:** Your gender (male or female).
7. **HT:** Your height in feet and inches.
8. **WT:** Your weight in pounds.
9. **Misc. No.:** Enter other identifying numbers. (e.g., Other State Driver's License Number)
10. **EYE Color:** Color of your eyes
11. **HAIR Color:** Color of your hair
12. **Home Address:** Your residence address
13. **POB:** Enter your place of birth.
14. **SOC:** Enter your Social Security Number
15. **YOUR NUMBER:** Your SP# or SP00 for new security printer applicants.

Take all three copies of the completed form to your nearest Live Scan site for fingerprint scanning. There are more than 130 Live Scan sites throughout the state. Hours of operation, acceptable methods of payment, identification requirements, and fingerprint scanning processing fees vary and periodically change; therefore, you are encouraged to contact the site in advance to confirm the information. A Live Scan site list is available on the Department of Justice's (DOJ) Internet web page at: <https://oag.ca.gov/fingerprints/locations>, or, call your local police or sheriff's department.

Contact the Live Scan site for hours of operation, an appointment (if necessary), acceptable forms of payment, and identification requirements. Be prepared to pay **ALL applicable fees** (the DOJ processing fee of \$32, the FBI processing fee of \$17, FBI expedite fee of \$10, and a fingerprint scanning service fee charged by the Live Scan site at the time your prints are taken.) The Live Scan fingerprint scanning service fee varies from about \$5 to \$45 depending on the site and whether or not you are a California resident. The Live Scan site determines the cost to electronically submit your fingerprints and the site can charge a fee sufficient to recover its costs.

The Livescan operator completes the lower portion of the Request for Live Scan Service form and retains the first copy. Attach the second copy to your application and submit the complete application package to the California Department of Justice. Keep the third copy for your records.

FINGERPRINTING AUTHORITY

Section 144(b) of the Business and Professions Code authorizes the California Department of Justice to require an applicant to furnish a full set of fingerprints for purposes of conducting criminal history record checks. Fingerprints are required in order for the DOJ/FBI to conduct background checks for criminal convictions. **See also Health and Safety Code sections 11161.5(b)(5)(B) and (C).**