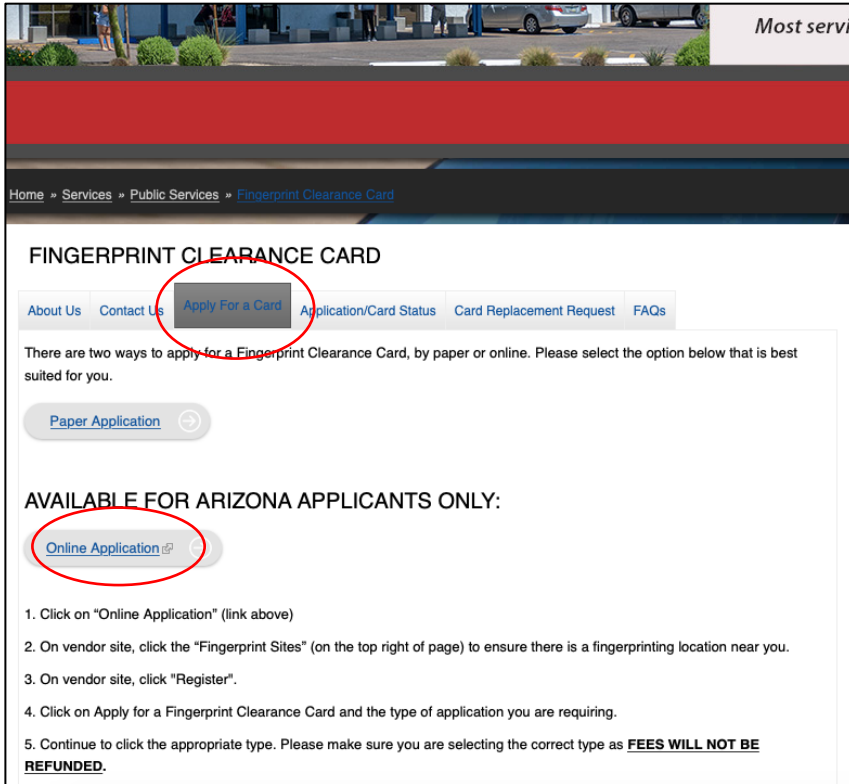
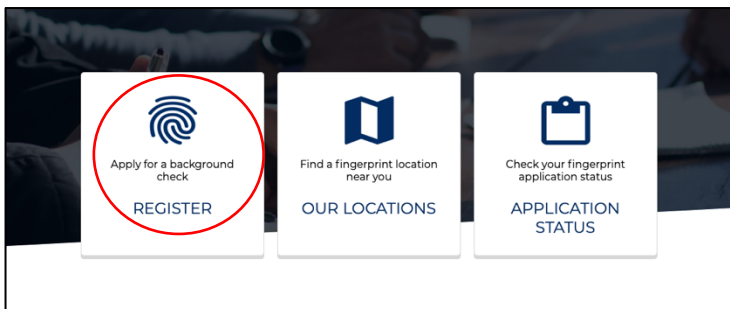


# FCC Process

1. <https://www.azdps.gov/services/public/fingerprint>
2. Click **Apply For a Card**
3. Click **Online Application**



4. Click **Register**



5. Click **Apply for a fingerprint Clearance Card**
6. If a notification pops up – Click **Ok**
7. Click **New Application\***
8. Read Privacy Act Statement & Release Statement
9. Check "I have read and accepted these terms." Box

10. Click **Continue**

11. Under Level 1/Regular Applications select DES - Certified Child Care Provider & Non-Certified Relative Provider - ARS 41-1964 & ARS 46-141 \* \$75.25

IDENTITY VERIFIED PRINTS (IVP) APPLICATIONS	LEVEL 1 / REGULAR APPLICATIONS
<input type="checkbox"/> ARS 28-3228 School Bus Driver	<input type="checkbox"/> DCS - Adoption - ARS 8-105 * <b>\$73.25</b>
<input type="checkbox"/> ARS 15-512 Public and/or Charter School Non-certificated personnel	<input type="checkbox"/> DCS - Foster Home Licensure - ARS 8-509 * <b>\$73.25</b>
<input type="checkbox"/> ARS 15-512 Public and/or Charter School Contractor, Subcontractor or Vendor and their Employees	<input type="checkbox"/> DCS - Field Employee - ARS 8-802 * <b>\$75.25</b>
<input type="checkbox"/> ARS 15-534 State Board of Education (Teacher or Other Certification)	<input type="checkbox"/> DCS - Child Welfare/Adoption Agency Employee - ARS 46-141 *
<input type="checkbox"/> ARS 15-534 Tutor or Teacher Preparation Programs	<input type="checkbox"/> DCS - Empl or IT Empl or IT Empl of Contractor or Subcontractor - ARS 8-463 * <b>\$75.25</b>
<input type="checkbox"/> ARS 15-183 Charter School Instructor	<input type="checkbox"/> State Board of Pharmacy - Licensure - ARS 32-1904 <b>\$75.25</b>
	<input type="checkbox"/> State Board of Pharmacy - 3rd Party Logistic Providers Representative - ARS 32-1941 <b>\$75.25</b>
	<input type="checkbox"/> <b>DES - Certified Child Care Provider &amp; Non-Certified Relative Provider - ARS 41-1964 &amp; ARS 46-141 * <b>\$75.25</b></b>
	<input type="checkbox"/> DES - CCR & R Registered Home - ARS 41-1967.1 * <b>\$75.25</b>

12. Payment Type – Credit Card

13. Personal Information – You fill out

14. Employer And/Or Agency Mailing Address

- a. Name: The BISTA Center
- b. Address: 2222 S Dobson Rd
- c. City: Mesa
- d. Apt: 9
- e. State: Arizona
- f. Zip Code: 85202

15. Click Continue

16. Save registration page information (You will need this info!)

17. Check email to verify email address & pay

Closest Fingerprint Site to Office

AZ Clinical Services

3150 N. Alma School Rd., Ste 7

Chandler, AZ 85224

Phone: 480-820-2298

Open: Mon - Fri 8am to 12pm and 1pm to 5pm