

REQUEST FOR LIVE SCAN SERVICE

ORIGINAL - Live Scan Operator

COPY - Applicant

Applicant Submission

1. ORI: (Check <input checked="" type="checkbox"/> one) Code assigned by DOJ			
<input checked="" type="checkbox"/> CCLD A0448		<input type="checkbox"/> Trustline A1157	
2. Type of Application: (Check <input checked="" type="checkbox"/> one)			
<input checked="" type="checkbox"/> Employment		<input type="checkbox"/> License, Certification, Permit <input type="checkbox"/> Volunteer	
3. Job Title or Type of License, Certification or Permit: Adult Day Care			
4. Agency Address Set Contributing Agency:			
CA Dept of Social Services		03502	
Agency authorized to receive criminal history information		Mail Code (five-digit code assigned by DOJ)	
744 "P" Street		This is not a Live Scan Site. Call 1-800-315-4507.	
Street No. Street or PO Box		Contact Name (Mandatory for all school submissions)	
Sacramento, CA 95814		() N/A	
City State Zip Code		Contact Telephone No.	
5. Applicant Information:			
Name of Applicant: (Please print) _____			
LAST		FIRST MI	
AKA's: _____		CDL No. _____	
LAST FIRST			
DOB: _____ SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female		Misc. No. BIL - Applicant will pay	
		AGENCY BILLING NUMBER (IF APPLICABLE)	
HT: _____ WT: _____		Misc. No.: _____	
		ALIEN REGISTRATION, OUT OF STATE DRIVER'S LICENSE OR I.D.	
EYE Color: _____ HAIR Color: _____		Home Address: (All applicants must complete)	
POB: _____		STREET OR PO BOX	
SOC: _____		CITY, STATE AND ZIP CODE	
6. Facility Number: 198601949			
Level of Service <input checked="" type="checkbox"/> DOJ <input checked="" type="checkbox"/> FBI			
If resubmission (select R2), list Original ATI No. _____			
7. NOTE: NOT APPLICABLE FOR TRUSTLINE APPLICANTS			
Employer: (Additional response for Department of Social Services, DMV/CHP licensing, and Department of Corporations submissions only)			
OPARC			
Employer Name 9029 Vernon Avenue			
Street No. Street or PO Box		Mail Code (five digit code assigned by DOJ)	
Montclair Ca 91763		(909) 985-3116	
City State Zip Code		Agency Telephone No. (Optional)	
8.			
Live Scan Transaction Completed By: _____ Date _____			
Name of Operator			
Transmitting Agency		LSID#	
ATI No.		Amount Collected/Billed	