

ORIGINAL - Live Scan Operator

COPY - Applicant

REQUEST FOR LIVE SCAN SERVICE

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)		N/A	
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	
HT: _____		WT: _____	
EYE Color: _____		HAIR Color: _____	
POB: _____		Home Address: (All applicants must complete)	
SOC: _____		STREET OR PO BOX	
		CITY, STATE AND ZIP CODE	
6. Facility Number: <u>198601949</u>			
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	
Montclair		Ca	
City		State	
91763		Zip Code	
Mail Code (five digit code assigned by DOJ)		(909) 985-3116	
Agency Telephone No. (Optional)			
8.			
Live Scan Transaction Completed By: _____ Date _____			
Name of Operator			
Transmitting Agency		LSID#	
ATI No.		Amount Collected/Billed	