REQUEST FOR LIVE SCAN SERVICE - COMMUNITY CARE LICENSING

Applicant Submission

1. ORI: **A0448**

2. Working Title: *(Check ✓ one)*

☐ Adult Resident other than Client ☐ Employee ☐ License, Certification, Applicant ☐ Volunteer ☑ Home Care Aide ~~Registry Applicant~~

3. Authorized Applicant Type - Enter from list on Page 2, "DOJ Abbreviated CCLD Facility/Organization Type."

Home Care Aide

4. Agency Address Set Contributing Agency:

CA Dept of Social Services — Agency authorized to receive criminal history information

03502 — Mail Code *(five-digit code assigned by DOJ)*

PO BOX 94244 — Street No.; **Mail Station 9-15-62** — Street or PO Box

N/A — Contact Name *(Mandatory for all school submissions)*

Sacramento, — City; **CA** — State; **94244-2430** — Zip Code

( ) **N/A** — Contact Telephone No.

5. Applicant Information:

Name of Applicant: *(Please print)* ______ LAST ______ FIRST ______ MI

AKA's: ______ LAST ______ FIRST

CDL No. ______

DOB: ______ SEX: ☐ Male ☐ Female

Misc. No. BIL - ______ AGENCY BILLING NUMBER *(IF APPLICABLE)*

HT: ______ WT: ______

Misc. No.: ______ PERMANENT RESIDENT (I-551), 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: ______

(See Privacy Statement on Page 4)

______ CITY, STATE AND ZIP CODE

6. Facility/Organization Number: 349855555 Level of Service ☑ DOJ ☑ FBI

If resubmission for fingerprint quality (select R2), list Original ATI No. ______

7. Employer: *(Additional response for Department of Social Services, DMV/CHP licensing, and Department of Corporations submissions only)*

Home Care Services Bureau — Employer Name

744 P Street, M. S. 9-14-90 — Street No.; Street or PO Box

______ Mail Code *(five digit code assigned by DOJ)*

Sacramento — City; CA — State; 95814 — Zip Code

______ Agency Telephone No. *(Optional)*

8\.

Live Scan Transaction Completed By: JACQUELYN SMITH (Name of Operator) Date ______

TCA — Transmitting Agency

LSID# ______ ATI No. ______ Amount Collected/Billed ______