



### REQUEST FOR LIVE SCAN SERVICE

#### Applicant Submission

A1934 ELDER CARE  
 ORI (Code assigned by DOJ) Authorized Applicant Type

IHSS CARE PROVIDER  
 Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

#### Contributing Agency Information:

PERSONAL ASSISTANCE SERVICES COUNCIL (PASC) 07189  
 Agency Authorized to Receive Criminal Record Information Mail Code (five-digit code assigned by DOJ)

3452 E. FOOTHILL BLVD., SUITE 900 CW  
 Street Address or P.O. Box Contact Name (mandatory for all school submissions)

PASADENA CA 91107 (877) 565-4482  
 City State ZIP Code Contact Telephone Number

#### Applicant Information:

Last Name		First Name	Middle Initial	Suffix
Other Name: (AKA or Alias)				
Last Name		First Name	Suffix	
Date of Birth		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		
Height	Weight	Eye Color	Hair Color	
Place of Birth (State or Country)		Social Security Number		
Home Address Street Address or P.O. Box		City	State	ZIP Code

Driver's License Number \_\_\_\_\_  
 Billing Number Applicant to pay \_\_\_\_\_  
(Agency Billing Number)  
 Misc. Number Not Applicable \_\_\_\_\_  
(Other Identification Number)

I have received and read the included Privacy Notice, Privacy Act Statement, and Applicant's Privacy Rights.

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

Your Number: \_\_\_\_\_  
OCA Number (Agency Identifying Number)

Level of Service:  DOJ  FBI  
 (If the Level of Service indicates FBI, the fingerprints will be used to check the criminal history record information of the FBI.)

If re-submission, list original ATI number: \_\_\_\_\_  
(Must provide proof of rejection) Original ATI Number

Employer (Additional response for agencies specified by statute):

Employer Name \_\_\_\_\_

Street Address or P.O. Box \_\_\_\_\_

Telephone Number (optional) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_ Mail Code (five digit code assigned by DOJ) \_\_\_\_\_

Live Scan Transaction Completed By:

Jacquelyn Smith  
Name of Operator \_\_\_\_\_ Date \_\_\_\_\_

TCA  
Transmitting Agency \_\_\_\_\_ LSID \_\_\_\_\_ ATI Number \_\_\_\_\_ Amount Collected/Billed \_\_\_\_\_