

REQUEST FOR LIVE SCAN SERVICE - COMMUNITY CARE LICENSING

Applicant Submission

1. ORI: A0448			
2. Working Title: (Check <input checked="" type="checkbox"/> one)			
<input type="checkbox"/> Adult Resident other than Client	<input type="checkbox"/> Employee	<input type="checkbox"/> License, Certification, Applicant	<input checked="" type="checkbox"/> Volunteer <input type="checkbox"/> Home Care Aide Registry Applicant
3. Authorized Applicant Type - Enter from list on Page 2, "DOJ Abbreviated CCLD Facility/Organization Type." Child care center more than 10			
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)	
PO BOX 94244	Mail Station 9-15-62	N/A	
Street No.	Street or PO Box	Contact Name (Mandatory for all school submissions)	
Sacramento,	CA	94244-2430	() 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 -	_____
		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)	

		STREET OR PO BOX	
POB: _____	_____		
		CITY, STATE AND ZIP CODE	
SOC: _____			
(See Privacy Statement on Page 4)			
6. Facility/Organization Number: 343623141 Level of Service <input checked="" type="checkbox"/> DOJ <input checked="" type="checkbox"/> 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)			
Creative Spirit Learning, LLC			
Employer Name			
10729 Fair Oaks Blvd			
Street No.	Street or PO Box	Mail Code (five digit code assigned by DOJ)	
Fair Oaks	Ca	95628	
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