

REQUEST FOR LIVE SCAN SERVICE - COMMUNITY CARE LICENSING

Applicant Submission

1. ORI: A0448			
2. Working Title: <i>(Check ✓ one)</i> <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."			
4. Agency Address Set Contributing Agency: CA Dept of Social Services 03502			
Agency authorized to receive criminal history information		Mail Code <i>(five-digit code assigned by DOJ)</i>	
PO BOX 94244	Mail Station 9-15-62	N/A	
Street No.	Street or PO Box	Contact Name <i>(Mandatory for all school submissions)</i>	
Sacramento,	CA	94244-2430	() N/A
City	State	Zip Code	Contact Telephone No.
5. Applicant Information:			
Name of Applicant: <i>(Please print)</i> _____			
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: _____		Misc. No.: BIL -	
SOC: _____		AGENCY BILLING NUMBER <i>(IF APPLICABLE)</i>	
(See Privacy Statement on Page 4)		Misc. No.: _____	
		PERMANENT RESIDENT (I-551), OUT OF STATE DRIVER'S LICENSE OR I.D.	
		Home Address: <i>(All applicants must complete)</i>	
		STREET OR PO BOX	
		CITY, STATE AND ZIP CODE	
6. Facility/Organization Number: 434410829 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: <i>(Additional response for Department of Social Services, DMV/CHP licensing, and Department of Corporations submissions only)</i>			
San Jose Christian Preschool			
Employer Name			
1300 Sheffield Ave			
Street No.	Street or PO Box	Mail Code <i>(five digit code assigned by DOJ)</i>	
Campbell	CA	95008	408-371-7741
City	State	Zip Code	Agency Telephone No. <i>(Optional)</i>
8.			
Live Scan Transaction Completed By: _____		Date _____	
Name of Operator			
Transmitting Agency	LSID#	ATI No.	Amount Collected/Billed