

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." Day Care Center More than 6 children | | | |
| 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 - | |
| (See Privacy Statement on Page 4) | | AGENCY BILLING NUMBER <i>(IF APPLICABLE)</i> | |
| SOC: _____ | | 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: <u>376700222</u> 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> | | | |
| Notre Dame Academy | | | |
| Employer Name | | | |
| 4345 Del Mar Trails Road | | | |
| Street No. | | Street or PO Box | |
| Mail Code <i>(five digit code assigned by DOJ)</i> | | | |
| San Diego | CA | 92130 | |
| 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 |