



# REQUEST FOR LIVE SCAN SERVICE

## Applicant Submission

<p>A1226 ORI (Code assigned by DOJ)</p> <p>Certified Nurse Assistant(CNA) or Home Health Aide (HHA) Type of License/Certification/Permit <u>OR</u> Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)</p>	<p>Certification Authorized Applicant Type</p>
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Contributing Agency Information:	
<p>California Department of Public Health (CDPH) Agency Authorized to Receive Criminal Record Information</p> <p>MS 3301, P.O. Box 997416 Street Address or P.O. Box</p> <p>Sacramento CA 95899-7416 City State ZIP Code</p>	<p>03314 Mail Code (five-digit code assigned by DOJ)</p> <p>N/A Contact Name (mandatory for all school submissions)</p> <p>N/A Contact Telephone Number</p>

## Applicant Information:

<p>Last Name</p> <p>Other Name (AKA or Alias) Last</p> <p>Date of Birth Sex <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>Height Weight Eye Color Hair Color</p> <p>Place of Birth (State or Country) Social Security Number</p> <p>Home Address Street Address or P.O. Box</p>	<p>First Name Middle Initial Suffix</p> <p>First Suffix</p> <p>Driver's License Number</p> <p>Billing Number N/A (Agency Billing Number)</p> <p>Misc. Number (Other Identification Number)</p> <p>City State ZIP Code</p>
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Your Number: \* \_\_\_\_\_ Level of Service:  DOJ  FBI  
OCA Number (Agency Identifying Number) \*Social Security Number (Required by CDPH)

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

Employer (Additional response for agencies specified by statute):  
 ( Leave Blank)

<p>Employer Name</p> <p>Street Address or P.O. Box</p> <p>City State ZIP Code</p>	<p>Mail Code (five digit code assigned by DOJ)</p> <p>Telephone Number (optional)</p>
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Live Scan Transaction Completed By:

<p>Name of Operator</p> <p>Transmitting Agency LSID</p>	<p>Date</p> <p>ATI Number Amount Collected/Billed</p>
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