


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 checked="" type="checkbox"/> Employee <input type="checkbox"/> License, Certification, Applicant <input type="checkbox"/> Volunteer			
3. Authorized Applicant Type - Enter from list on Page 2, "DOJ Abbreviated CCLD Facility Type." RCFE RESIDENTIAL CARE FACILITY FOR THE ELDERLY			
4. Agency Address Set Contributing Agency: CA Dept of Social Services			
Agency authorized to receive criminal history information		Mail Code <i>(five-digit code assigned by DOJ)</i>	
PO BOX 944243		03502	
Street No.		Contact Name <i>(Mandatory for all school submissions)</i>	
Street or PO Box		N/A	
Sacramento, CA		() N/A	
City		Contact Telephone No.	
State			
Zip Code			
5. Applicant Information:			
Name of Applicant: <i>(Please print)</i> _____			
LAST		FIRST	MI
AKA's: _____			
LAST		FIRST	CDL No. _____
DOB: _____		SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female	Misc. No. BIL - _____
			AGENCY BILLING NUMBER <i>(IF APPLICABLE)</i>
HT: _____		WT: _____	Misc. No.: _____
			ALIEN REGISTRATION, OUT OF STATE DRIVER'S LICENSE OR I.D.
EYE Color: _____		HAIR Color: _____	Home Address: <i>(All applicants must complete)</i>
POB: _____		STREET OR PO BOX	
SOC: _____		CITY, STATE AND ZIP CODE	
(See Privacy Statement on Page 4)			
6. Facility Number: 336413271 			
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>			
DESERT COTTAGE			
Employer Name			
83617 HIMALAYA DRIVE			
Street No.		Street or PO Box	Mail Code <i>(five digit code assigned by DOJ)</i>
INDIO		CA	92203
City		State	Agency Telephone No. <i>(Optional)</i>
Zip Code			
8. Live Scan Transaction Completed By: _____ Date _____			
		Name of Operator	
Transmitting Agency		LSID#	ATI No.
			Amount Collected/Billed