

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." Day care Cent more/6 child			
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 944243	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	Misc. No. BIL - _____	
		<small>AGENCY BILLING NUMBER (IF APPLICABLE)</small>	
HT: _____	WT: _____	Misc. No.: _____	
		<small>ALIEN REGISTRATION, OUT OF STATE DRIVER'S LICENSE OR I.D.</small>	
EYE Color: _____	HAIR Color: _____	Home Address: <i>(All applicants must complete)</i>	
POB: _____		STREET OR PO BOX	
SOC: _____		CITY, STATE AND ZIP CODE	
<small>(See Privacy Statement on Page 4)</small>			
6. Facility Number: 370805244		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>			
Associated Students Childcare Center (Infants) SDSU			
Employer Name			
5500 Campanile Drive/Gardner EBA 259			
Street No.	Street or PO Box	Mail Code <i>(five digit code assigned by DOJ)</i>	
San Diego	CA	92182-1100	
City	State	Zip Code	Agency Telephone No. <i>(Optional)</i>
8.			
Live Scan Transaction Completed By: _____			Date _____
	<small>Name of Operator</small>		
Transmitting Agency	LSID#	ATI No.	Amount Collected/Billed