# REQUEST FOR LIVE SCAN SERVICE
Applicant Submission

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**1. ORI:** *(Check ✔ one)*   Code assigned by DOJ

☐ CCLD A0448   ☐ Trustline A1157

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2. Type of Application:   *(Check ✔ one)*

☐ Employment   ☐ License, Certification, Permit   ☐ Volunteer

3. Job Title or Type of License, Certification or Permit:

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4. Agency Address Set Contributing Agency:

**CA Dept of Social Services**                                    **03502**

Agency authorized to receive criminal history information          Mail Code *(five-digit code assigned by DOJ)*

**PO BOX 944243**                **Mail Station 19-62**            **N/A**

Street No.          Street or PO Box                               Contact Name *(Mandatory for all school submissions)*

**Sacramento,**     **CA**      **94244-2430**        ( )  **N/A**

City          State          Zip Code                  Contact Telephone No.

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5. Applicant Information:

Name of Applicant: *(Please print)*_____
LAST                          FIRST                     MI

AKA's:_____   CDL No._____
LAST                FIRST

DOB:_____ SEX: ☐ Male  ☐ Female   Misc. No.____BIL -_____
                                                  AGENCY BILLING NUMBER *(IF APPLICABLE)*

HT:_____ WT:_____   Misc. No.:_____
                                                  ALIEN REGISTRATION, OUT OF STATE DRIVER'S LICENSE OR I.D.

EYE Color:_____ HAIR Color:_____   Home Address: *(All applicants must complete)*

POB:_____

                                                  STREET OR PO BOX

SOC:_____

                                                  CITY, STATE AND ZIP CODE

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6. Facility Number:_____   Level of Service  ☐ DOJ   ☐ FBI

If resubmission (select R2), list Original ATI No._____

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*7.*                        ***NOTE:*** *NOT APPLICABLE FOR TRUSTLINE APPLICANTS*

Employer: *(Additional response for Department of Social Services, DMV/CHP licensing, and Department of Corporations submissions only)*

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Employer Name

Street No.          Street or PO Box                Mail Code *(five digit code assigned by DOJ)*

City          State          Zip Code               Agency Telephone No. *(Optional)*

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8.

Live Scan Transaction Completed By:_____ Date_____
                              Name of Operator

Transmitting Agency        LSID#          ATI No.          Amount Collected/Billed

# GUIDELINES FOR COMMUNITY CARE LICENSING (CCLD) APPLICANTS WHO USE A LIVE SCAN SITE (CCLD <u>or</u> DOJ SITE) FOR FINGERPRINTING
## Instructions for the LIC 9163

**1   Originating Response Indicator (ORI):**  Enter the CCLD or TrustLine ORI code below that pertains to you.  Select one of the following:

      For CCLD applicants, **check:**        **A0448**
      For TrustLine applicants, **check:**      **A1157**

**2   Type of Application:**  Check the appropriate box.

**3   Job Title or Type of License, Certification or Permit:** Indicate the facility type where you will be working.

**For Applicants using a CCLD Live Scan Site:**
    Select your CCLD facility type from the left column in the table below.  **Enter this facility type on this line.**

**For Applicants using a Department of Justice (DOJ) Live Scan Site (Law enforcement office):**
    Select your licensed facility type from the left column, and in the right column find its corresponding DOJ abbreviated facility type. **Enter the corresponding DOJ abbreviated facility type on this line.**

**Note:**  In the following table you may be able to identify yourself with more than one facility type within each category. Please select only one facility type in any category using the facility that you are most associated with on a day-to-day basis.

      **If this is your applicable facility type**   ⇨ **Enter this abbreviated facility type on your application.**

| CCLD Facility Type by Category | DOJ Abbreviated CCLD Facility Type |
|---|---|
| Adult Day Care Facility<br>Adult Day Support Center<br>Adult Residential Facility | Adult Day/Resident/Rehab |
| Child Care Center<br>Infant Center<br>Mildly Ill Center<br>School Age Child Care Center | Day Care Cent more/6 Child |
| Family Child Care Home | Family Day Care |
| Foster Family Agency<br>Foster Family / Adoptions Agency<br>Foster Family Agency Sub Office | Foster Family / Adopt Emp. |
| Foster Family Agency - Certified Home<br>Foster Family Home | Foster Family Home |
| Group Home (6 or less children) | Group Home 6 / child less |
| Group Home (7 or more)<br>Community Treatment Facility | Group Home more / 6 child |
| Residential Care Facility for the Chronically Ill<br>Residential Care Facilities for the Elderly | Residentl Care Fac Elderly |
| Small Family Home<br>Transitional Housing Placement Program | Resid Child Care 6 / less |
| Social Rehabilitation Facility | Adult Day / Resident / Rehab |
| TrustLine (Voluntary)<br>TrustLine (Subsidized) | **TrustLine subsidized applicants cannot currently go to non-CCLD Live Scan sites** |

**4    Agency Address Set Contributing Agency:**

**Agency authorized to receive criminal history information:**
**The following information is pre-printed:**
**Agency:**    CA Dept of Social Services               **Mail Code:**    03502

**Street No.:**    P.O. BOX 944243, M.S. 19-62          **Contact Name:**          N/A

**City, State, Zip:**    Sacramento, CA  94244-2430     **Contact Telephone No.:**          N/A

**5    Name of Applicant:**  Enter your full name (last, first, middle initial).

**AKA's:** Other names the applicant has used.               **CDL No:** CA Drivers License or CA ID

**DOB:** Date of Birth       **SEX:** Male or Female               **MISC No BIL:** Enter the agency billing
                                                                          number, if applicable.
**HT:** Height               **WT:** Weight          **MISC No.:** Enter any other associated licensed facility numbers.
                                                             (ALIEN REGISTRATION, OUT OF STATE DRIVER'S LICENSE OR I.D.)
**EYE Color:** Color of eyes     **HAIR Color:** Color of hair     **Home Address:** Applicant's home address.

**POB:** State or Country of Birth

**SOC:** Social Security Number (optional)

**6    Facility Number:**  Enter the facility number or assigned OCA number (Agency Identifying Number).

**Level of Service:**
Check the DOJ box for a California criminal background check.  Check the FBI box for a nationwide background check.  **Note:  If a Child Abuse Central Index check (CACI) is required, it will automatically be completed by DOJ and all applicable fees will be charged. There is no entry necessary on the applicant's part.**

**If resubmission, list Original Applicant Tracking Information (ATI) No.:**  If your fingerprints were rejected and this is a resubmission of your prints, enter the original ATI number provided on the reject notice to avoid paying an additional processing fee.

**7    Employer:**  Enter the facility name and address (you may place a pre-printed mailing label in this area).
      **NOTE:**  This section not applicable to TrustLine applicants.

              **Employer Name:**                        Enter the facility name.
              **Street No.:**                           Enter the facility address.
              **Mail Code:**                            Enter the facility mail code (if applicable).
              **City, State, Zip:**                     Enter the facility city, state and zip.
              **Agency Telephone No.:**                 Enter the facility phone number.

**8    Live Scan Transaction Completed By:**  This section will be completed by the Live Scan operator.

**Take this form with you the day you are fingerprinted.  The Live Scan Operator will complete section 8.  If the Live Scan Operator is Sylvan/Identix, they will return the completed form to you.  Retain this form for your records.**

**If you use a Live Scan Operator other than Sylvan/Identix, you will need to take 2 copies of this form.  One copy will be retained by the Operator and the other you may retain for your records.**