

# REQUEST FOR LIVE SCAN SERVICE

## Applicant Submission

ORI: A1226 Type of Application: Certification  
Code assigned by DOJ

Job Title or Type of License, Certification, or Permit: Certified Nurse Assistant (CNA) or Home Health Aide (HHA)

Agency Address Set Contributing Agency:

California Department of Public Health (CDPH), L&C  
Agency authorized to receive criminal history information

03314  
Mail Code (five-digit code assigned by DOJ)

Fingerprint Investigation Unit  
Street No. Street or PO Box

(leave blank)  
Contact Name (Mandatory for all school submissions)

1615 Capitol Avenue, MS 3301, P.O. Box 997416  
City State Zip Code

( ) (leave blank)  
Contact Telephone No.

Sacramento CA 95899-7416

Name of Applicant: \_\_\_\_\_  
(Please print) Last First MI

AKA's: \_\_\_\_\_  
Last First

CDL No.: \_\_\_\_\_

DOB: \_\_\_\_\_ SEX:  Male  Female  
(Check one)

Misc. No.: BIL - Not applicable  
Agency Billing Number (if applicable)

HT: \_\_\_\_\_ WT: \_\_\_\_\_

Misc. No.: \_\_\_\_\_

Eye color: \_\_\_\_\_ Hair color: \_\_\_\_\_

Home Address: (Applies only if Youth Org/HRA or Public Utility Submission)

POB: \_\_\_\_\_

\_\_\_\_\_  
Street or PO Box

SOC: \_\_\_\_\_

\_\_\_\_\_  
City, State and Zip Code

Your Number: Not applicable  
OCA No. (Agency Identifying No.)

Level of Service  DOJ  FBI

If resubmission, list Original ATI No. Not applicable

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

(Leave blank)  
Employer Name

(Leave blank)  
Mail Code (five digit code assigned by DOJ)

\_\_\_\_\_  
Street No. Street or PO Box

( )  
Agency Telephone No. (Optional)

\_\_\_\_\_  
City State Zip Code

Live Scan Transaction Completed By: \_\_\_\_\_ Date \_\_\_\_\_  
Name of Operator

\_\_\_\_\_  
Transmitting Agency ATI No. Amount Collected/Billed