

**ORIGINAL - Live Scan Operator**

**COPY - Applicant**

**REQUEST FOR LIVE SCAN SERVICE**

Applicant Submission

1. ORI: (Check <input checked="" type="checkbox"/> one) Code assigned by DOJ			
	<input type="checkbox"/> CCLD A0448	<input type="checkbox"/> Trustline A1157	
2. Type of Application: (Check <input checked="" type="checkbox"/> one)			
	<input type="checkbox"/> Employment	<input type="checkbox"/> License, Certification, Permit	<input type="checkbox"/> Volunteer
3. Job Title or Type of License, Certification or Permit:			
4. Agency Address Set Contributing Agency:			
<b>CA Dept of Social Services</b>		<b>03502</b>	
Agency authorized to receive criminal history information		Mail Code (five-digit code assigned by DOJ)	
744 "P" Street		N/A	
This is not a Live Scan Site. Call 1-800-315-4507.			
Street No.	Street or PO Box	Contact Name (Mandatory for all school submissions)	
<b>Sacramento,</b>	<b>CA</b>	<b>95814</b>	( ) N/A
City	State	Zip Code	Contact Telephone No.
5. Applicant Information:			
Name of Applicant: (Please print) _____			
	LAST	FIRST	MI
AKA's: _____		CDL No. _____	
	LAST	FIRST	
DOB: _____		Misc. No. BIL - _____	
	SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female	AGENCY BILLING NUMBER (IF APPLICABLE)	
HT: _____		Misc. No.: _____	
	WT: _____	ALIEN REGISTRATION, OUT OF STATE DRIVER'S LICENSE OR I.D.	
EYE Color: _____		Home Address: (All applicants must complete)	
	HAIR Color: _____		
POB: _____		STREET OR PO BOX	
SOC: _____		CITY, STATE AND ZIP CODE	
6. Facility Number: _____			
		Level of Service <input type="checkbox"/> DOJ <input type="checkbox"/> FBI	
If resubmission (select R2), list Original ATI No. _____			
<b>7. NOTE: NOT APPLICABLE FOR TRUSTLINE APPLICANTS</b>			
Employer: (Additional response for Department of Social Services, DMV/CHP licensing, and Department of Corporations submissions only)			
Employer Name _____			
Street No.		Mail Code (five digit code assigned by DOJ)	
	Street or PO Box		
City	State	Zip Code	Agency Telephone No. (Optional)
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 or 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.**

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

**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.:** 744 "P" Street, MS 19-62    **Contact Name:** N/A  
(NOT A LIVE SCAN SITE)

**City, State, Zip:** Sacramento, CA 95814    **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.

**It is important that you bring this form with you the day you are fingerprinted to have the Live Scan Operator complete section 8. Upon completion, this application serves as a receipt for payment of Live Scan services and may be required to accompany the care provider application. The Live Scan operator will keep a copy of this form for their records.**