REQUEST FOR LIVE SCAN SERVICE - COMMUNITY CARE LICENSING

Applicant Submission

1. ORI: **A0448**

2. Working Title: *(Check ✔ one)*
☐ Adult Resident other than Client ☐ Employee ☐ License, Certification, Applicant ☒ Volunteer

3. Authorized Applicant Type - Enter from list on Page 2, "DOJ Abbreviated CCLD Facility Type."
Family Day Care

4. Agency Address Set Contributing Agency:

CA Dept of Social Services — Agency authorized to receive criminal history information
03502 — Mail Code *(five-digit code assigned by DOJ)*

PO BOX 944243 — Street No.
Mail Station 19-62 — Street or PO Box
N/A — Contact Name *(Mandatory for all school submissions)*

Sacramento, — City
CA — State
94244-2430 — Zip Code
( ) **N/A** — Contact Telephone No.

5. Applicant Information:

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

AKA's:_____
LAST FIRST

CDL No._____

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:_____
(See Privacy Statement on Page 4)

_____
CITY, STATE AND ZIP CODE

6. Facility Number: **434407732** Level of Service ☑ DOJ ☑ FBI

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

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

Maan Mey Jan
Employer Name

2315 Emerald Hills Circle
Street No. Street or PO Box

Mail Code *(five digit code assigned by DOJ)*

San Jose CA 95131
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