STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

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."
FOSTER FAMILY AGENCY/ VOLUNTEER

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 9-15-62 — 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 - 140187 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

(See Privacy Statement on Page 4)

6. Facility Number: FFA 306004366 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*)

KINSHIP CENTER, A MEMBER OF SENECA FAMILY OF AGENCIES — Employer Name

2275 Arlington Drive — Street No. Street or PO Box

02976 — Mail Code *(five digit code assigned by DOJ)*

San Leandro — City

CALIFORNIA — State

94578 — Zip Code

Agency Telephone No. *(Optional)*

8.

Live Scan Transaction Completed By: Name of Operator Date

Transmitting Agency LSID# ATI No. Amount Collected/Billed

LIC 9163 (3/11)