



### REQUEST FOR LIVE SCAN SERVICE

#### Applicant Submission

AA504 \_\_\_\_\_ ELDER CARE \_\_\_\_\_  
ORI (Code assigned by DOJ) \_\_\_\_\_ Authorized Applicant Type \_\_\_\_\_

IHSS PROVIDER  
Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned) \_\_\_\_\_

#### Contributing Agency Information:

ORANGE COUNTY IHSS PUBLIC AUTHORITY \_\_\_\_\_ 11855 \_\_\_\_\_  
Agency Authorized to Receive Criminal Record Information \_\_\_\_\_ Mail Code (five-digit code assigned by DOJ) \_\_\_\_\_

1505 E. WARNER AVE. \_\_\_\_\_  
Street Address or P.O. Box \_\_\_\_\_ Contact Name (mandatory for all school submissions) \_\_\_\_\_

SANTA ANA \_\_\_\_\_ CA \_\_\_\_\_ 92705 \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_ (714) 825-3174 \_\_\_\_\_  
Contact Telephone Number \_\_\_\_\_

#### Applicant Information:

LAST \_\_\_\_\_ FIRST \_\_\_\_\_  
Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Suffix \_\_\_\_\_

Other Name: (AKA or Alias) \_\_\_\_\_  
Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Suffix \_\_\_\_\_

1/1/2000 \_\_\_\_\_ Sex  Male  Female \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Driver's License Number \_\_\_\_\_

5'8" \_\_\_\_\_ 150 LB \_\_\_\_\_ BROWN \_\_\_\_\_ BLACK \_\_\_\_\_  
Height \_\_\_\_\_ Weight \_\_\_\_\_ Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_

CALIFORNIA \_\_\_\_\_ 000-00-0000 \_\_\_\_\_  
Place of Birth (State or Country) \_\_\_\_\_ Social Security Number \_\_\_\_\_  
~~Billing Number \_\_\_\_\_ (Agency Billing Number) \_\_\_\_\_  
Misc. Number \_\_\_\_\_ (Other Identification Number) \_\_\_\_\_~~

Home Address 1505 E. ADDRESS ST \_\_\_\_\_ CITY \_\_\_\_\_ CA \_\_\_\_\_ 92705 \_\_\_\_\_  
Street Address or P.O. Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

I have received and read the included Privacy Notice, Privacy Act Statement, and Applicant's Privacy Rights.

firstlast \_\_\_\_\_ 8/28/2020 \_\_\_\_\_  
Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Your Number: 00-0000 \_\_\_\_\_ Level of Service:  DOJ  FBI \_\_\_\_\_  
OCA Number (Agency Identifying Number) \_\_\_\_\_ (If the Level of Service indicates FBI, the fingerprints will be used to check the criminal history record information of the FBI.)

If re-submission, list original ATI number: \_\_\_\_\_  
(Must provide proof of rejection) \_\_\_\_\_ Original ATI Number \_\_\_\_\_

#### Employer (Additional response for agencies specified by statute):

Employer Name \_\_\_\_\_

Street Address or P.O. Box \_\_\_\_\_ Telephone Number (optional) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_ Mail Code (five digit code assigned by DOJ) \_\_\_\_\_

#### Live Scan Transaction Completed By:

Name of Operator \_\_\_\_\_ Date \_\_\_\_\_

Transmitting Agency \_\_\_\_\_ LSID \_\_\_\_\_ ATI Number \_\_\_\_\_ Amount Collected/Billed \_\_\_\_\_