



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

A1226

ORI (Code assigned by DOJ)

Certified Nurse Assistant (CNA) or Home Health Aide (HHA)

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

Contributing Agency Information:

California Department of Public Health (CDPH)

Agency Authorized to Receive Criminal Record Information

MS 3301, PO Box 997416

Street Address or P.O. Box

Sacramento,

City

CA 95899-7416

State ZIP Code

Certification

Authorized Applicant Type

03314

Mail Code (five-digit code assigned by DOJ)

Contact Name (mandatory for all school submissions)

Contact Telephone Number

Applicant Information:

Last Name

Other Name (AKA or Alias) Last

Date of Birth Sex Male Female

Height Weight Eye Color Hair Color

Place of Birth (State or Country) Social Security Number

Home Address Street Address or P.O. Box

First Name Middle Initial Suffix

First Suffix

Driver's License Number

Billing Number (Agency Billing Number)

Misc. Number (Other Identification Number)(Contact Phone Number Here)

City State ZIP Code

Your Number: OCA Number (Agency Identifying Number)
(CDPH Requires Your Social Security Number Here)

Level of Service: DOJ 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

Mail Code (five digit code assigned by DOJ)

Street Address or P.O. Box

City State ZIP Code

Telephone Number (optional)

Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency LSID

ATI Number Amount Collected/Billed