



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

CA0341600

ORI (Code assigned by DOJ)

Medi-Cal Provider

Authorized Applicant Type

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

Contributing Agency Information:

Department of Health Care Services

Agency Authorized to Receive Criminal Record Information

1501 Capitol Avenue MS 4704

Street Address or P.O. Box

Sacramento

City

CA 95814

State ZIP Code

19509

Mail Code (five-digit code assigned by DOJ)

Chris Fisher

Contact Name (mandatory for all school submissions)

(916) 402-7843

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)

City

State

ZIP Code

Your Number: CA0341600

OCA Number (Agency Identifying Number)

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

Street Address or P.O. Box

City

State

ZIP Code

Mail Code (five digit code assigned by DOJ)

Telephone Number (optional)

Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency

LSID

ATI Number

Amount Collected/Billed