

REQUEST FOR LIVE SCAN SERVICE

Print Form

Reset Form

Applicant Submission

A1226

ORI (Code assigned by DOJ)

Certified Nurse Assistant CNA

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

Agency Authorized to Receive Criminal Record Information

MS 3301, P.O. Box 997416

Street Address or P.O. Box

Sacramento

City

CA

State

95899-7416

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)

City

State

ZIP Code

Your Number:

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