

**REQUEST FOR LIVE SCAN SERVICE - COMMUNITY CARE LICENSING**

Applicant Submission

1. ORI: <b>A0448</b>			
2. Working Title: <i>(Check ✓ one)</i> <input type="checkbox"/> Adult Resident other than Client <input checked="" type="checkbox"/> Employee <input type="checkbox"/> License, Certification, Applicant <input type="checkbox"/> Volunteer <input type="checkbox"/> Home Care Aide Registry Applicant			
3. Authorized Applicant Type - Enter from list on Page 2, "DOJ Abbreviated CCLD Facility/Organization Type." DAY CARE CENTER MORE THAN 6 CHILDREN			
4. Agency Address Set Contributing Agency:			
<b>CA Dept of Social Services</b>		<b>03502</b>	
Agency authorized to receive criminal history information		Mail Code <i>(five-digit code assigned by DOJ)</i>	
<b>PO BOX 94244</b>	<b>Mail Station 9-15-62</b>	<b>N/A</b>	
Street No.	Street or PO Box	Contact Name <i>(Mandatory for all school submissions)</i>	
<b>Sacramento,</b>	<b>CA</b>	<b>94244-2430</b>	<b>( ) N/A</b>
City	State	Zip Code	Contact Telephone No.
5. Applicant Information:			
Name of Applicant: <i>(Please print)</i> _____			
LAST	FIRST	MI	
AKA's: _____		CDL No. _____	
LAST	FIRST		
DOB: _____	SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female	Misc. No. <b>BIL -</b>	
		AGENCY BILLING NUMBER <i>(IF APPLICABLE)</i>	
HT: _____	WT: _____	Misc. No.: _____	
		PERMANENT RESIDENT (I-551), OUT OF STATE DRIVER'S LICENSE OR I.D.	
EYE Color: _____	HAIR Color: _____	Home Address: <i>(All applicants must complete)</i>	
POB: _____		STREET OR PO BOX	
SOC: _____		CITY, STATE AND ZIP CODE	
<i>(See Privacy Statement on Page 4)</i>			
6. Facility/Organization Number: <b>434417121</b> Level of Service <input checked="" type="checkbox"/> DOJ <input checked="" type="checkbox"/> FBI			
If resubmission for fingerprint quality (select R2), list Original ATI No. _____			
7. Employer: <i>(Additional response for Department of Social Services, DMV/CHP licensing, and Department of Corporations submissions only)</i>			
<b>ALLSTARS UNITED EDUCATION FOUNDATION</b>			
Employer Name			
<b>2650 ABORN ROAD</b>		Mail Code <i>(five digit code assigned by DOJ)</i>	
Street No.	Street or PO Box		
<b>SAN JOSE,</b>	<b>CA</b>	<b>95121</b>	Agency Telephone No. <i>(Optional)</i>
City	State	Zip Code	
8.			
Live Scan Transaction Completed By: _____			Date _____
Name of Operator			
Transmitting Agency	LSID#	ATI No.	Amount Collected/Billed