REQUEST FOR LIVE SCAN SERVICE - COMMUNITY CARE LICENSING

Applicant Submission

1. ORI: **A0448**

2. Working Title: *(Check ✔ one)*
☐ Adult Resident other than Client ☑ Employee ☐ License, Certification, Applicant ☐ Volunteer

3. Authorized Applicant Type - Enter from list on Page 2, "DOJ Abbreviated CCLD Facility Type."
Child Care Center

4. Agency Address Set Contributing Agency:

CA Dept of Social Services	**03502**
Agency authorized to receive criminal history information	Mail Code *(five-digit code assigned by DOJ)*
PO BOX 944243 **Mail Station 9-15-62**	**N/A**
Street No. Street or PO Box	Contact Name *(Mandatory for all school submissions)*
Sacramento, **CA** **94244-2430**	( ) **N/A**
City State Zip Code	Contact Telephone No.

5. Applicant Information:

Name of Applicant: *(Please print)* _____
LAST FIRST MI

AKA's: _____ CDL No. _____
LAST FIRST

DOB: _____ SEX: ☐ Male ☐ Female Misc. No. BIL - _____
AGENCY BILLING NUMBER *(IF APPLICABLE)*

HT: _____ WT: _____ Misc. No.: _____
ALIEN REGISTRATION, OUT OF STATE DRIVER'S LICENSE OR I.D.

EYE Color: _____ HAIR Color: _____ Home Address: *(All applicants must complete)*

POB: _____ _____
STREET OR PO BOX

SOC: _____ _____
(See Privacy Statement on Page 4) CITY, STATE AND ZIP CODE

6. Facility Number: 198016557 Level of Service ☑ DOJ ☑ FBI

If resubmission for fingerprint quality (select R2), list Original ATI No. _____

7. Employer: (*Additional response for Department of Social Services, DMV/CHP licensing, and Department of Corporations submissions only)*

Long Beach Unified School District- Head Start			
Employer Name			
1260 East 33rd Street			03502
Street No.	Street or PO Box		Mail Code *(five digit code assigned by DOJ)*
Signal Hill, CA	CA	90755	(562) 426-8144
City	State	Zip Code	Agency Telephone No. *(Optional)*

8.

Live Scan Transaction Completed By: _____ Date _____
Name of Operator

Transmitting Agency LSID# ATI No. Amount Collected/Billed

GUIDELINES FOR COMMUNITY CARE LICENSING (CCLD) APPLICANTS WHO USE A LIVE SCAN SITE (CCLD or DOJ SITE) FOR FINGERPRINTING
Instructions for the LIC 9163

1. **Originating Response Indicator (ORI):** Preprinted

2. **Working Title:** Check the appropriate box

3. **Authorized Applicant Type:** Indicate the facility type where you will be working.

   Select your licensed facility type from the left column, and in the right column find its corresponding DOJ abbreviated facility type. **Enter the corresponding DOJ abbreviated facility type on this line.**

Note: In the following table you may be able to identify yourself with more than one facility type within each category. Please select only one facility type in any category using the facility that you are most associated with on a day-to-day basis.

If this is your applicable facility type ⇨ **Enter this abbreviated facility type on your application.**

CCLD Facility Type by Category	DOJ Abbreviated CCLD Facility Type
Adult Day Care Facility Adult Day Support Center Adult Residential Facility	Adult Day/Resident/Rehab
Child Care Center Infant Center Mildly Ill Center School Age Child Care Center	Day Care Cent more/6 Child
Family Child Care Home	Family Day Care
Foster Family Agency Foster Family / Adoptions Agency Foster Family Agency Sub Office	Foster Family / Adopt Emp.
Foster Family Agency - Certified Home Foster Family Home	Foster Family Home
Group Home (6 or less children)	Group Home 6 / child less
Group Home (7 or more) Community Treatment Facility	Group Home more / 6 child
Residential Care Facility for the Chronically Ill Residential Care Facilities for the Elderly	Residentl Care Fac Elderly
Small Family Home Transitional Housing Placement Program	Resid Child Care 6 / less
Social Rehabilitation Facility	Adult Day / Resident / Rehab

4. Agency Address Set Contributing Agency:

Agency authorized to receive criminal history information:
The following information is pre-printed:
Agency: CA Dept of Social Services **Mail Code:** 03502

Street No.: P.O. BOX 944243, M.S. 9-15-62 **Contact Name:** N/A

City, State, Zip: Sacramento, CA 94244-2430 **Contact Telephone No.:** N/A

5. Applicant Information: Print your full name (last, first, middle initial).

AKA's: Other names the applicant has used **CDL No:** CA Drivers License or CA ID

DOB: Date of Birth **SEX:** Male or Female **MISC No: BIL -** Enter the agency billing number, if applicable

HT: Height **WT:** Weight **MISC No.:** Enter any other identification numbers (ALIEN REGISTRATION, OUT OF STATE DRIVER'S LICENSE OR I.D.)

EYE Color: Color of eyes **HAIR Color:** Color of hair **Home Address:** Applicant's home address

POB: State or Country of Birth

SOC: Social Security Number (optional) (See Privacy Statement on Page 4)

6. Facility Number: Enter the facility number or assigned OCA number (Agency Identifying Number).

Level of Service: Preprinted
Note: If a Child Abuse Central Index (CACI) check is required, it will automatically be completed by DOJ and all applicable fees will be charged. There is no entry necessary on the applicant's part.

If resubmission for fingerprint quality, list Original Applicant Tracking Information (ATI) No.: If your fingerprints were rejected and this is a resubmission of your prints, enter the original ATI number provided on the reject notice to avoid paying an additional processing fee.

7. Employer: Enter the facility name and address for which you are being printed.

Employer Name:	Enter the facility name.
Street No.:	Enter the facility address.
Mail Code:	Enter the facility mail code (if applicable).
City, State, Zip:	Enter the facility city, state and zip.
Agency Telephone No.:	Enter the facility phone number.

8. Live Scan Transaction Completed By: This section will be completed by the Live Scan operator.

Take this form with you the day you are fingerprinted. The Live Scan Operator will complete section 8. If the Live Scan Operator is IBT - L1, they will return the completed form to you. Retain this form for your records.

If you use a Live Scan Operator other than IBT - L1, you will need to take 2 copies of this form. One copy will be retained by the Operator and the other you may retain for your records.

PRIVACY STATEMENT

Pursuant to the Federal Privacy Act (P.L. 93-579) and the Information Practices Act of 1977 (Civil Code section 1798 et seq.), notice is given for the request of the Social Security Number (SSN) on this form. The California Department of Justice uses a person's SSN as an identifying number. The requested SSN is voluntary. Failure to provide the SSN may delay the processing of this form and the criminal record check.

In order to be licensed, work at, or be present at, a licensed facility, the law requires that you complete a criminal background check. (Health and Safety Code sections 1522, 1568.09, 1569.17 and 1596.871). The Department will create a file concerning your criminal background check that will contain certain documents, including information that you provide. You have the right to access certain records containing your personal information maintained by the Department (Civil Code section 1798 et seq.). Under the California Public Records Act, the Department may have to provide copies of some of the records in the file to members of the public who ask for them, including newspaper and television reporters.

NOTE: IMPORTANT INFORMATION
The Department is required to tell people who ask, including the press, if someone in a licensed facility has a criminal record exemption. The Department must also tell people who ask the name of a licensed facility that has a licensee, employee, resident, or other person with a criminal record exemption.

If you have any questions about this form, please contact your local licensing regional office.