

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI: <u>CCLD A0448</u>		Type of Application: <u>EMPLOYMENT</u>	
Code assigned by DOJ			
Job Title or Type of License, Certification or Permit:		<u>DAY CARE CENTER MORE/6 CHILD</u>	
Agency Address Set Contributing Agency:			
<u>CA Dept of Social Services</u>		<u>03502</u>	
Agency authorized to receive criminal history information		Mail Code (five digit code assigned by DOJ)	
<u>744</u>	<u>"P" Street</u>	<u>ROY PENCE</u>	
Street No.	Street or P.O. Box	Contact Name (Mandatory for all school submissions)	
<u>Sacramento</u>	<u>CA</u>	<u>95814</u>	
City	State	Zip Code	Contact Telephone No.
Name of Applicant: _____			
(please print) Last First MI			
Alias: _____		Driver's License No. _____	
Last First			
Date of Birth: _____	Sex: ☐ Male ☒ Female	Misc. No. BIL - <u>140512</u>	
		Agency Billing Number (if applicable)	
Height: _____	Weight: _____	Misc. No: _____	
Eye Color: _____	Hair Color: _____	Home Address: _____	
		Street or P.O. Box	
Place of Birth: _____	_____		
		City, State and Zip Code	
SOC: _____			
Your Number: <u>553-602-594</u>		Level of Service	
OCA No. (Agency Identifying No.)		☒ DOJ	☒ FBI
If resubmission, list Original ATI No. _____			
Employer: (Additional response for agencies specified by statute)			
<u>YOSEMITE COMMUNITY COLLEGE DISTRICT</u>			
Employer Name			
<u>PO BOX 4065</u>		<u>03198</u>	
Street No.	Street or P.O. Box	Mail Code (five digit code assigned by DOJ)	
<u>MODESTO</u>	<u>CA</u>	<u>95352</u>	<u>(209) 575-6968</u>
City	State	Zip Code	Agency Telephone No. (optional)
Live Scan Transaction Completed By: _____		Date: _____	
Name of Operator			
Transmitting Agency		ATI No.	Amount Collected/Billed