



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

| | |
|--|---------------------------|
| A1226 | <u>Certification</u> |
| ORI (Code assigned by DOJ) | Authorized Applicant Type |
| Certified Nurse Assistant (CNA) or Home Health Aide (HHA) | |
| Type of License/Certification/Permit OR Working Title (Maximum 30 characters - If assigned by DOJ, use exact title assigned) | |

| | | |
|--|-------|---|
| Contributing Agency Information: | | 03314 |
| California Department of Public Health (CDPH) | | Mail Code (five-digit code assigned by DOJ) |
| Agency Authorized to Receive Criminal Record Information | | Contact Name (mandatory for all school submissions) |
| MS 3301, P.O. Box 997416 | | Contact Telephone Number |
| Street Address or P.O. Box | | |
| Sacramento | CA | 95899-7416 |
| City | State | Zip Code |

| | | | |
|--|---|--|------------|
| Applicant Information: | | | |
| Last Name | First Name | Middle Initial | Suffix |
| Other Name (AKA or Alias) Last | First Name | | Suffix |
| Date of Birth | Sex <input type="checkbox"/> Male <input type="checkbox"/> Female | | |
| Height | Weight | Eye Color | Hair Color |
| Place of Birth (State or Country) | Social Security Number | | |
| Home Address Street Address or P.O. Box | | Driver's License Number | |
| Your Number: | | Billing Number (Agency Billing Number) | |
| <small>(Social Security Agency Identification Number) OCA Number</small> | | Misc. Number (Other Identification Number) | |
| Level of Service: <input checked="" type="checkbox"/> DOJ <input type="checkbox"/> FBI | | City State Zip Code | |

| | |
|---|---------------------|
| If re-submission, list ATI number: (Must provide proof of Rejection) | Original ATI Number |
|---|---------------------|

| | |
|---|---|
| Employer (Additional response for agencies specified by statute): | |
| Nightingale Healthcare Professionals | |
| Employer Name | Mail Code (five-digit code assigned by DOJ) |
| 903 University Ave | |
| Street Address or P.O. Box | |
| Berkeley | CA 94710 |
| City | State Zip Code |
| Telephone Number (optional) | |

| | | | |
|-------------------------------------|------|------------|-------------------------|
| Live Scan Transaction Completed By: | | | |
| Name of Operator | Date | | |
| Transmitting Agency | LSID | ATI Number | Amount Collected/Billed |