



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

AA504	ELDER CARE
ORI (Code assigned by DOJ)	Authorized Applicant Type
IHSS PROVIDER	
Type of License/Certification/Permit <u>OR</u> Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)	

Contributing Agency Information:

ORANGE COUNTY IHSS PUBLIC AUTHORITY	11855
Agency Authorized to Receive Criminal Record Information	Mail Code (five-digit code assigned by DOJ)
1505 E. WARNER AVE.	Contact Name (mandatory for all school submissions)
Street Address or P.O. Box	7148253174
SANTA ANA	Contact Telephone Number
City	CA <input type="checkbox"/> 92706
State	ZIP Code

Applicant Information:

HỌ CỦA QUÝ VỊ	TÊN CỦA QUÝ VỊ
Last Name	First Name
Other Name: (AKA or Alias)	Middle Initial
Last Name	Suffix
GIỚI TÍNH	First Name
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Suffix
NGÀY SINH	SỐ BẰNG LÁI XE HOẶC ID
Date of Birth	Driver's License Number
CHIỀU CAO	Billing Number
Height	(Agency Billing Number)
CÂN NẶNG	Misc. Number
Weight	(Other Identification Number)
MÀU MẮT	TIỂU
Eye Color	BANG
MÀU TÓC	MÃ
Hair Color	ZIP
NƠI SINH	THÀNH PHỐ
Place of Birth (State or Country)	City
SỐ AN SINH XÃ HỘI	State
Social Security Number	ZIP Code
Home Address	Địa chỉ của Quý vị
Street Address or P.O. Box	Street Address or P.O. Box

I have received and read the included Privacy Notice, Privacy Act Statement, and Applicant's Privacy Rights.

CHỮ KÝ CỦA QUÝ VỊ	NGÀY KÝ TÊN
Applicant Signature	Date

Your Number: SÁU SỐ CUỐI AN SINH XÃ HỘI	Level of Service: <input checked="" type="checkbox"/> DOJ <input type="checkbox"/> FBI
OCA Number (Agency Identifying Number)	(If the Level of Service indicates FBI, the fingerprints will be used to check the criminal history record information of the 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	Telephone Number (optional)
City	Mail Code (five digit code assigned by DOJ)
State	ZIP Code

Live Scan Transaction Completed By:

Name of Operator	Date
Transmitting Agency	ATI Number
LSID	Amount Collected/Billed