

REQUEST FOR LIVE SCAN SERVICE - LONG TERM CARE OMBUDSMAN

Applicant Submission

1. ORI: A0448			
2. Working Title: OMBUDSMAN			
3. Authorized Applicant Type - Ombudsman			
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	
Street No.		Street or PO Box	
Sacramento,		CA	
City		State	
94244-2430		N/A	
Zip Code		Contact Name (Mandatory for all school submissions)	
		()	
		Contact Telephone No.	
		N/A	
5. Applicant Information:			
Name of Applicant: (Please print) _____			
LAST		FIRST MI	
AKA's: _____			
LAST		FIRST	
CDL No. _____			
DOB: _____		SEX: <input type="checkbox"/> Male <input type="checkbox"/> 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 2)			
CITY, STATE AND ZIP CODE			
6. Facility Number: 349822222 Level of Service <input checked="" type="checkbox"/> DOJ <input checked="" type="checkbox"/> FBI			
If resubmission, (select R2), list Original ATI No. _____			
7. Employer: (Additional response for California Department of Social Services, DMV/CHP licensing, and Department of Corporations submissions only)			
LTC Ombudsman Program			
Employer			
1300		National Drive, Suite 200	
Street No.		Street or PO Box	
Sacramento,		CA	
City		State	
95834		11846	
Zip Code		Mail Code (five-digit code assigned by DOJ)	
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 9163B**

1. **Originating Response Indicator (ORI):** Preprinted
2. **Working Title:** Preprinted
3. **Authorized Applicant Type:** Preprinted
4. **Agency Address Set Contributing Agency:** Preprinted
5. **Applicant Information:** Print your full name (last, first, middle initial).

AKA's: Other names the applicant has used **CDL No.:** CA Driver's 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)

6. **Facility Number:** Preprinted
Level of Service: Preprinted
If resubmission, 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:** Preprinted
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.