

REQUEST FOR LIVE SCAN SERVICE FOR TRUSTLINE REGISTRY APPLICANTS

ORIGINAL-Requesting Agency
COPY-Applicant

Applicant Submission

1. ORI: A1157 Applicant Type: <input type="checkbox"/> TrustLine Registry Employee <input type="checkbox"/> TrustLine Registry Volunteer			
2. Working Title: Child Care Provider (Health & Safety Code 1596.603)			
3. 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) 744 "P" Street (This is not a Live Scan site. Call 1-800-315-4507) N/A Street No. Street or PO Box Contact Name (Mandatory for all school submissions) Sacramento CA 95814 () N/A City State Zip Code Contact Telephone No.			
4. Applicant Information: Name of Applicant: (Please print) _____ <div style="display: flex; justify-content: space-between; width: 100%;"> LAST FIRST MI </div> AKA's _____ CDL No. _____ <div style="display: flex; justify-content: space-between; width: 100%;"> LAST FIRST </div> DOB: _____ SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female Misc. No. BIL- NA <div style="text-align: right; font-size: small;">AGENCY BILLING NUMBER (IF APPLICABLE)</div> HT: _____ WT: _____ Misc. No.: _____ <div style="text-align: right; font-size: small;">ALIEN REGISTRATION, OUT OF STATE DRIVER'S LICENSE OR ID.</div> POB: _____ Home Address: (All applicants must complete) HAIR: _____ EYE: _____ <div style="text-align: right; font-size: small;">STREET OR PO BOX</div> SOC No. _____ <div style="text-align: right; font-size: small;">CITY, STATE AND ZIP CODE</div> <div style="font-size: x-small;">(See Privacy Statement on next page)</div>			
5. Your Number: TLR Level of Service <input checked="" type="checkbox"/> DOJ <input checked="" type="checkbox"/> FBI If resubmission, list Original ATI No. _____ <div style="text-align: center;">(must present proof of rejection)</div>			
6. NOTE: NOT APPLICABLE FOR TRUSTLINE APPLICANTS Employer: (Additional response for Department of Social Services, DMV/CHP licensing, and Department of Corporations submissions only) Employer Name N/A Street No. N/A Street or PO Box N/A Mail Code (five-digit code assigned by DOJ) City N/A State Zip Code N/A Agency Telephone No. (Optional)			
7. Live Scan Transaction Completed By: _____ Date _____ <div style="text-align: center; font-size: x-small;">NAME OF OPERATOR</div>			
Transmitting Agency LSID# ATI No. Amount Collected/Billed			

TRUSTLINE APPLICANTS

Instructions for Completing the Request for Live Scan Service Form

A. Complete this form and the TrustLine Application Form (TLR 2).

Schedule an appointment to have your fingerprints scanned with either the Community Care Licensing Live Scan vendor at **1-800-315-4507** or at a Department of Justice Live Scan site -- either a Police Department or Sheriff's Office (refer to <http://caag.state.ca.us/fingerprints/index.htm>).

1 to 3 are pre-printed.

4. Applicant Information:

Name of Applicant: Print your full name (last, first, middle initial)

AKA's: Other names that you have ever used

CDL No.: CA Driver's License or CA ID

DOB: Date of Birth

SEX: Male or Female

MISC No.: N/A (Pre-Printed)

HT: Height

WT: Weight

MISC No.: Enter Alien Registration, Out of state driver's license or ID

POB: State or Country of Birth

Home Address: Applicant's home address; Street or PO Box; City, State, Zip Code

HAIR: Color of hair

EYE: Color of eyes

SOC No.: Social Security Number (Optional, see Privacy Statement below)

5. The first part of the section is pre-printed. If resubmission, list Original 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.

6. is pre-printed.

B. CALL THE LIVE SCAN SITE TO MAKE AN APPOINTMENT

7. Live Scan Transaction Completed by: The Live Scan Operator will complete this section and keep a copy of the form.

It is important that you bring this form with you the day you are fingerprinted; the Live Scan Operator must complete 7. After you've had your fingerprints scanned, take a copy of the Live Scan Submission form along with the TrustLine Application form (TLR 2) and the appropriate fee and send or take it to the agency listed in 10 of the TrustLine Application. You must call 24 hours in advance if you cannot keep the appointment. A no-show fee of \$5.00 will be charged for missed appointments.

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 approved, 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; Welfare and Institutions Code section 361.4). The licensing or approval agency 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 licensing or approval agency (Civil Code section 1798 et seq.). Under the California Public Records Act, the licensing or approval agency 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.