

**NOTICE OF FORM CHANGE NO. 03-108**

8/8/2003

**TO:**  
County Welfare Director  
Supply Clerk / Forms Coordinator

**FROM:**  
Forms Management Unit  
(916) 657-1907

Community Care Licensing District Offices  
 Private and Public Adoption Agencies

District Attorney  
 Other

Listed below is information regarding a form change. Only applicable information is shown.

This notice updates your Department of Social Services County Forms Catalog.

## FORM NUMBER AND TITLE

LIC 107 (9/00) - Applicant Fingerprint Follow-up Request

ORDER UNIT MO	<input checked="" type="checkbox"/> Free <input type="checkbox"/> Sold	ESTIMATED PRICE	INITIAL SUPPLY SENT <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> New <input checked="" type="checkbox"/> Revised	DATE OF FORM 9/00	REPLACES	<input type="checkbox"/> Obsolete
REQUIRED FORM- <input type="checkbox"/> No Change Permitted	REQUIRED FORM- <input type="checkbox"/> Substitute Permitted With Prior DSS Approval	<input checked="" type="checkbox"/> Recommended Form	
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT: <b>Department of Social Services Warehouse</b> <b>P.O. Box 980788</b> <b>West Sacramento, CA 95798-0788</b>		<input type="checkbox"/> Other:	

**FORMS DISPOSITION AND SPECIAL INSTRUCTIONS**

DISPOSITION OF OLD SUPPLY <input checked="" type="checkbox"/> Use until exhausted	<input type="checkbox"/> Destroy
USE NEW FORM <input type="checkbox"/> When supply available in DSS Warehouse	<input checked="" type="checkbox"/> Use new form effective    8/8/03
USE FORM IN ACCORDANCE WITH <input type="checkbox"/> All County Letter No. <input type="checkbox"/> Other (specify)	

## ADDITIONAL INFORMATION REGARDING FORM CHANGE

Attached is a Reproducible Copy

Print 8 1/2 X 11, 1-sided

Form is now a Master Only. Unit of issue changed from Pad to each.

Check on the internet to see if forms are available at [www.dss.cahwnet.gov](http://www.dss.cahwnet.gov).

For camera-ready copy copies of English form, please call the Forms Management Unit (FMU) at (916) 657-1907, or by electronic mail at: [fmudss@dss.ca.gov](mailto:fmudss@dss.ca.gov).

**APPLICANT FINGERPRINT  
FOLLOW—UP REQUEST**

**Submit in Duplicate To:** *Department of Justice  
Bureau of Criminal Identification  
Attention: Applicant Control Unit  
Record Control Section  
P.O. Box 903417  
Sacramento, CA 94203-4170*

APPLICANT AGENCY AND ADDRESS	NAME OF PERSON MAKING REQUEST
	TELEPHONE NUMBER
	TODAY'S DATE
FACILITY NAME	OCA (FACILITY NUMBER/IDENTIFICATION NUMBER)

**This agency submitted Applicant Fingerprints to:**

- The Bureau of Criminal Identification**
- The Federal Bureau of Investigation**

**A period of 45 days has elapsed since we submitted this request and no reply has been received. Please search your files and advise this agency of the status and results of that request.**

APPLICANT'S NAME (LAST, FIRST, MIDDLE)	DATE OF BIRTH	SEX	HEIGHT	WEIGHT
CII NUMBER (IF KNOWN)	CONTRIBUTING AGENCY NUMBER	DRIVER'S LICENSE NUMBER	DATE PRINT SUBMITTED	

**REPLY**

**Your fingerprint follow-up request was processed through bureau files. Based upon the applicant's name and date of birth, the results of that search are as follows:**

- A search of bureau files did not locate the requested fingerprints. Please resubmit new fingerprints.
- A search of bureau files did show that fingerprints were received and processed. The results of that request are attached.
- A search of bureau files did not locate the requested fingerprints. However, our file does contain a request from your agency dated \_\_\_\_\_, for this applicant for the same type of clearance. Attached is a copy of the current record transcript for this applicant.
- Other (specify) \_\_\_\_\_