

NOTICE OF FORM CHANGE NO. 03-123

DATE

9/04/2003

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 TLR 9163 (4/02) - Request For Live Scan Service

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 4/02	REPLACES	<input type="checkbox"/> Obsolete
REQUIRED FORM- <input checked="" type="checkbox"/> No Change Permitted	REQUIRED FORM- <input type="checkbox"/> Substitute Permitted With Prior DSS Approval	<input type="checkbox"/> Recommended Form	
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT: Department of Social Services Warehouse P.O. Box 980788 West Sacramento, CA 95798-0788		<input type="checkbox"/> Other:	

FORMS DISPOSITION AND SPECIAL INSTRUCTIONS

DISPOSITION OF OLD SUPPLY

Use until exhausted Destroy

USE NEW FORM

When supply available in DSS Warehouse Use new form effective 9/03

USE FORM IN ACCORDANCE WITH

All County Letter No.
 Other (specify)

ADDITIONAL INFORMATION REGARDING FORM CHANGE

Attached is a Reproducible Copy

FORM IS NOW MASTER ONLY. UNIT OF ISSUE CHANGED TO EACH.

Check on the internet to see if forms are available at www.dss.cahwnet.gov

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

REQUEST FOR LIVE SCAN SERVICE

ORIGINAL-Requesting Agency

Applicant Submission

COPY-Applicant

BOX 1. ORI: (Check <input checked="" type="checkbox"/> one) Code assigned by DOJ		<input type="checkbox"/> CCLD A0448	<input checked="" type="checkbox"/> Trustline A1157 (Subsidized TrustLine)
BOX 2. Type of Application (Check <input checked="" type="checkbox"/> one)		<input type="checkbox"/> Employment	<input checked="" type="checkbox"/> License, Certification, Permit <input type="checkbox"/> Volunteer
BOX 3. Job Title or Type of License, Certification or Permit: Child Care Provider (Health & Safety Code 1596.603 (c))		CalWorks/CDE	
BOX 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)	
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.	
BOX 5. Applicant Information:			
Name of Applicant: (Please print) _____		_____	_____
	LAST	FIRST	MI
AKA's _____		CDL No. _____	
	LAST	FIRST	
DOB: _____	SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female	Misc. No. BIL- NA	_____
		AGENCY BILLING NUMBER (IF APPLICABLE)	
HT: _____	WT: _____	Misc. No.: _____	_____
		ALIEN REGISTRATION, OUT OF STATE DRIVER'S LICENSE OR ID.	
POB: _____		Home Address: (All applicants must complete)	
HAIR: _____ EYE: _____		_____	
		STREET OR PO BOX	
SOC No. _____		_____	
		CITY, STATE AND ZIP CODE	
BOX 6. Your Number: <u>TLR</u>		Level of Service	<input checked="" type="checkbox"/> DOJ <input checked="" type="checkbox"/> FBI
If resubmission (select R2), list Original ATI No. _____			
BOX 7. <i>NOTE: NOT APPLICABLE FOR TRUSTLINE APPLICANTS</i>			
Employer: (Additional response for Department of Social Services, DMV/CHP licensing, and Department of Corporations submissions only)			
N/A			
Employer Name			
N/A		N/A	
Street No	Street or PO Box	Mail Code (five digit code assigned by DOJ)	
N/A		N/A	
City	State Zip Code	Agency Telephone No. (Optional)	
BOX 8. Live Scan Transaction Completed By: _____		Date _____	
	NAME OF OPERATOR		
Transmitting Agency	LSID#	ATI No.	Amount Collected/Billed

TRUSTLINE SUBSIDIZED APPLICANTS

Instructions for Completing the Live Scan Submission Form

A) Complete this form and the TrustLine Application Form.

Box 1 to 4 are pre-printed. Proceed to Box 5.

Box 5. Applicant Information:

1. **Name of Applicant:** Enter your full name (last, first, middle initial).
2. **AKA's:** Other names that you have ever used.
3. **CDL No:** CA Driver's License or CA ID.
4. **DOB:** Date of Birth.
5. **SEX:** Male or Female.
6. **MISC NO. BIL:** N/A (Pre-Printed)
7. **HT:** Height.
8. **WT:** Weight.
9. **MISC NO.:** Enter Alien Registration, Out of state driver's license or ID.
10. **POB:** State or Country of Birth
11. **Home Address:** Applicant's home address; Street or PO Box; City, State, Zip Code.
12. **HAIR COLOR:** Color of hair
13. **EYE COLOR:** Color of eyes
14. **SOC:** Social Security Number (Optional)

Box 6. The first part of the section is pre-printed.

If resubmission, list Original ATI No. Complete this section only if your original fingerprints were rejected.

Box 7 is pre-printed.

B. CALL THE LIVE SCAN SITE TO MAKE AN APPOINTMENT.

Box 8. 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 Box 8. After you've had your fingerprints scanned, take a copy of the Live Scan Submission form along with the TrustLine application form and send or take it to the agency listed in Box '8' 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.

DO NOT LEAVE YOUR TRUSTLINE APPLICATION AT THE LIVE SCAN SITE.
