NOTICE OF FORM CHANGE NO. 05-073

TO: County Welfare Director
Supply Clerk / Forms Coordinator

FROM: Forms Management Unit
(916) 657-1907

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 9163 (5/05) - Request For Live Scan Service

ORDER UNIT
MASTER ONLY
☐ Free ☐ Sold

ESTIMATED PRICE

INITIAL SUPPLY SENT
☐ Yes ☐ No

☐ New ☒ Revised

REPLACES
4/05

DATE OF FORM
5/05

REQUIRED FORM:
☒ No Change Permitted ☐ Substitute Permitted With Prior DSS Approval ☐ Recommended Form

UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT:
Department of Social Services Warehouse
P.O. Box 980788
West Sacramento, CA 95798-0788

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 5/05

USE FORM IN ACCORDANCE WITH
☐ All County Letter No. ☐ Other (specify)

ADDITIONAL INFORMATION REGARDING FORM CHANGE
Form is a Master Only
Attached is a Reproducible Copy

Check on the internet to see if forms are available at www.dss.cahwnet.gov
For camera-ready copies of English and Spanish forms, please call the Forms Management Unit (FMU) at (916) 657-1907, or by electronic mail at: fmudss@dss.ca.gov. Contact Language Services for other languages at (916) 445-6778 or by electronic mail at LTS@dss.ca.gov.
REQUEST FOR LIVE SCAN SERVICE
Applicant Submission

1. ORI: (Check ✔ one) Code assigned by DOJ
   - CCLD A0448
   - Trustline A1157

2. Type of Application: (Check ✔ one)
   - Employment
   - License, Certification, Permit
   - Volunteer

3. Job Title or Type of License, Certification or Permit:

4. Agency Address Set Contributing Agency:
   CA Dept of Social Services
   Agency authorized to receive criminal history information
   PO BOX 944243 Mail Station 19-62
   SACRAMENTO, CA 94244-2430
   Contact Name (Mandatory for all school submissions)

5. Applicant Information:
   Name of Applicant: (Please print) _______________________________________________________________________________
   AKA's:________________________________________________ CDL No._______________________________________
   DOB:_________________________ SEX: □ Male □ Female
   HT:__________________________ WT:____________________
   EYE Color:____________________ HAIR Color:______________
   POB:________________________________________________
   SOC:________________________________________________

6. Facility Number:__________________________________________ Level of Service
   □ DOJ □ FBI
   If resubmission (select R2), list Original ATI No.________________________

7. 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
   Street No. Street or PO Box
   Mail Code (five digit code assigned by DOJ)
   City State Zip Code
   Agency Telephone No. (Optional)

8. Live Scan Transaction Completed By:______________________________ Name of Operator
   Date___________________
   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 9163

1 **Originating Response Indicator (ORI):** Enter the CCLD or TrustLine ORI code below that pertains to you. Select one of the following:
   - For CCLD applicants, **check:** A0448
   - For TrustLine applicants, **check:** A1157

2 **Type of Application:** Check the appropriate box.

3 **Job Title or Type of License, Certification or Permit:** Indicate the facility type where you will be working.

   **For Applicants using a CCLD Live Scan Site:**
   Select your CCLD facility type from the left column in the table below. Enter this facility type on this line.

   **For Applicants using a Department of Justice (DOJ) Live Scan Site (Law enforcement office):**
   Select your licensed facility type from the left column, and in the right column find its corresponding DOJ abbreviated facility type. Enter the corresponding DOJ abbreviated facility type on this line.

   **Note:** In the following table you may be able to identify yourself with more than one facility type within each category. Please select only one facility type in any category using the facility that you are most associated with on a day-to-day basis.

   If this is your applicable facility type ➞ Enter this abbreviated facility type on your application.

<table>
<thead>
<tr>
<th>CCLD Facility Type by Category</th>
<th>DOJ Abbreviated CCLD Facility Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult Day Care Facility</td>
<td>Adult Day/Resident/Rehab</td>
</tr>
<tr>
<td>Adult Day Support Center</td>
<td></td>
</tr>
<tr>
<td>Adult Residential Facility</td>
<td></td>
</tr>
<tr>
<td>Child Care Center</td>
<td>Day Care Cent more/6 Child</td>
</tr>
<tr>
<td>Infant Center</td>
<td></td>
</tr>
<tr>
<td>Mildly Ill Center</td>
<td></td>
</tr>
<tr>
<td>School Age Child Care Center</td>
<td></td>
</tr>
<tr>
<td>Family Child Care Home</td>
<td>Family Day Care</td>
</tr>
<tr>
<td>Foster Family Agency</td>
<td>Foster Family / Adopt Emp.</td>
</tr>
<tr>
<td>Foster Family / Adoptions Agency</td>
<td></td>
</tr>
<tr>
<td>Foster Family Agency Sub Office</td>
<td></td>
</tr>
<tr>
<td>Foster Family Agency - Certified Home</td>
<td>Foster Family Home</td>
</tr>
<tr>
<td>Foster Family Home</td>
<td></td>
</tr>
<tr>
<td>Group Home (6 or less children)</td>
<td>Group Home 6 / child less</td>
</tr>
<tr>
<td>Group Home (7 or more) Community Treatment Facility</td>
<td>Group Home more / 6 child</td>
</tr>
<tr>
<td>Residential Care Facility for the Chronically Ill</td>
<td>Residentl Care Fac Elderly</td>
</tr>
<tr>
<td>Residential Care Facilities for the Elderly</td>
<td></td>
</tr>
<tr>
<td>Small Family Home</td>
<td>Resid Child Care 6 / less</td>
</tr>
<tr>
<td>Transitional Housing Placement Program</td>
<td></td>
</tr>
<tr>
<td>Social Rehabilitation Facility</td>
<td>Adult Day / Resident / Rehab</td>
</tr>
<tr>
<td>TrustLine (Voluntary)</td>
<td>TrustLine subsidized applicants cannot currently go to non-CCLD Live Scan sites</td>
</tr>
<tr>
<td>TrustLine (Subsidized)</td>
<td></td>
</tr>
</tbody>
</table>
4 Agency Address Set Contributing Agency:

Agency authorized to receive criminal history information:
The following information is pre-printed:
Agency: CA Dept of Social Services
Mail Code: 03502
Street No.: P.O. BOX 944243, M.S. 19-62
Contact Name: N/A
City, State, Zip: Sacramento, CA  94244-2430
Contact Telephone No.: N/A

5 Name of Applicant: Enter your full name (last, first, middle initial).

AKA’s: Other names the applicant has used.
CDL No: CA Drivers 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 associated licensed facility numbers.
(ANDROID 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: Enter the facility number or assigned OCA number (Agency Identifying Number).

Level of Service:
Check the DOJ box for a California criminal background check. Check the FBI box for a nationwide background check. Note: If a Child Abuse Central Index check (CACI) is required, it will automatically be completed by DOJ and all applicable fees will be charged. There is no entry necessary on the applicant’s part.

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: Enter the facility name and address (you may place a pre-printed mailing label in this area).

NOTE: This section not applicable to TrustLine applicants.

Employer Name: Enter the facility name.
Street No.: Enter the facility address.
Mail Code: Enter the facility mail code (if applicable).
City, State, Zip: Enter the facility city, state and zip.
Agency Telephone No.: Enter the facility phone number.

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 Sylvan/Identix, they will return the completed form to you. Retain this form for your records.

If you use a Live Scan Operator other than Sylvan/Identix, 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.