

**REQUEST FOR LIVE SCAN SERVICE**  
*Applicant Submission*

***This form is to be used for Sacramento County IHSS Providers only.***

ORI _____ Type of Application _____			
Job Title or Type of License, Certificate or Permit _____			
Agency Address Set Contributing Agency:			
Agency authorized to receive criminal history information _____		Mail Code (five digit code assigned by DOJ) _____	
Street No. _____ Street or PO Box _____		Contact Name (Mandatory for all School submissions) _____	
City _____ State _____ Zip Code _____		Contact Telephone Number. _____	
Name of Applicant _____			
(Please Print) Last _____		First _____	MI _____
Alias: _____		Driver's License No. _____	
Last _____		First _____	
Date of Birth: _____ Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female			
Height _____ Weight: _____			
Eye Color: _____		Hair Color: _____	Home Address: _____
		Street or PO Box _____	
Place of Birth: _____		City, State and Zip Code _____	
SSN (Must be included for all applicants): _____			
Your Number: _____		Level of Service <input checked="" type="checkbox"/> DOJ <input type="checkbox"/> FBI	
If resubmission, list Original ATI No. _____			
Employer: (Providers do not need to complete this section)			
Employer Name _____			
Street No. _____ Street or PO Box _____		Mail Code (five digit code assigned by DOJ) _____	
City _____ State _____ Zip Code _____		(_____) _____ Agency Telephone No. (optional)	
Live Scan Transaction Completed By: _____ Date: _____			
Transmitting Agency _____		ATI No. _____	Amount Collected/ Billed _____

**ORIGINAL – Live Scan Operator; SECOND COPY – Applicant**