

**REQUEST FOR LIVE SCAN SERVICE  
FOR SUBSIDIZED TRUSTLINE  
REGISTRY APPLICANTS**

STATE OF CALIFORNIA  
HEALTH AND HUMAN SERVICES AGENCY  
CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

**ORIGINAL-Requesting Agency  
COPY-Applicant**

<b>1.</b>	<b>ORI:</b> A1157		<b>Applicant Submission</b>
	<b>Applicant Type:</b> CalWORKs/CDE		
<b>2.</b>	<b>Working Title: Child Care Provider (Health &amp; Safety Code 1596.603)</b>		
<b>3.</b>	<b>Agency Address Set Contributing Agency:</b>		
	CA Dept of Social Services	<b>03502</b>	
	Agency authorized to receive criminal history information	Mail Code ( <i>five-digit code assigned by DOJ</i> )	
	744 "P" Street	<b>N/A</b>	
	Street No. Street or PO Box	Contact Name ( <i>Mandatory for all school submissions</i> )	
	Sacramento CA 95814	<b>N/A</b>	
	City State Zip Code	Contact Telephone No.	
<b>4.</b>	<b>Applicant Information:</b>		
	Name of Applicant: (Please print) _____		
	<small>LAST</small>	<small>FIRST</small>	<small>MI</small>
	AKA's _____		CDL No. _____
	<small>LAST</small>	<small>FIRST</small>	
	DOB: _____	SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female	Misc. No. <b>BIL- NA</b>
			<small>AGENCY BILLING NUMBER (IF APPLICABLE)</small>
	HT: _____	WT: _____	Misc. No.: _____
			<small>ALIEN REGISTRATION, OUT OF STATE DRIVER'S LICENSE OR ID.</small>
	POB: _____		Home Address: ( <i>All applicants must complete</i> )
	HAIR: _____	EYE: _____	_____
			<small>STREET OR PO BOX</small>
	SOC No. _____		_____
	<small>(See Privacy Statement on next page)</small>		<small>CITY, STATE AND ZIP CODE</small>
<b>5.</b>	<b>OCA Number:</b> TLR	Level of Service	<input checked="" type="checkbox"/> DOJ <input checked="" type="checkbox"/> FBI
	If resubmission, list Original ATI No. _____		
	(must present proof of rejection)		
<b>6.</b>	<b>NOTE: NOT APPLICABLE FOR TRUSTLINE APPLICANTS</b>		
	Employer: (Additional response for Department of Social Services, DMV/CHP licensing, and Department of Corporations submissions only)		
	<b>N/A</b>		
	Employer Name _____		
	<b>N/A</b>		<b>N/A</b>
	Street No. Street or PO Box	Mail Code ( <i>five-digit code assigned by DOJ</i> )	
	<b>N/A</b>		<b>N/A</b>
	City State Zip Code	Agency Telephone No. ( <i>Optional</i> )	
<b>7.</b>	Live Scan Transaction Completed By: _____		Date _____
	<small>NAME OF OPERATOR</small>		
	Transmitting Agency	LSID#	ATI No. Amount Collected/Billed

## TRUSTLINE SUBSIDIZED APPLICANTS

### Instructions for Completing the Request for Live Scan Service Form

**A. Complete this form and the TrustLine Application Form (TLR 1).**

Schedule an appointment to have your fingerprints scanned at a Certifix Live Scan site: <https://certifixlivescan.com/home.html>

**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. BIL:** 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 1) and send or take it to the agency listed in 11 (unless otherwise instructed by CCCRRN) of the TrustLine Application.**

#### 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.