



# REQUEST FOR LIVE SCAN SERVICE

## Applicant Submission

CA0341600

ORI (Code assigned by DOJ)

High Risk Medi-Cal Provider

Authorized Applicant Type

Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

### Contributing Agency Information:

Department of Health Care Services

Agency Authorized to Receive Criminal Record Information

1501 Capitol Avenue MS 4704

Street Address or P.O. Box

Sacramento

City

CA

State

95814

ZIP Code

19509

Mail Code (five-digit code assigned by DOJ)

Kristi Lloyd

Contact Name (mandatory for all school submissions)

(916) 445-8386

Contact Telephone Number

## Applicant Information:

Last Name

First Name

Middle Initial

Suffix

Other Name

(AKA or Alias) Last

First

Suffix

Date of Birth

Sex

Male

Female

Driver's License Number

Height

Weight

Eye Color

Hair Color

Billing

Number

(Agency Billing Number)

Misc.

Number

(Other Identification Number)

Place of Birth (State or Country)

Social Security Number

City

State

ZIP Code

Home

Address Street Address or P.O. Box

Your Number: CA0341600

OCA Number (Agency Identifying Number)

Level of Service:

 DOJ FBI

If re-submission, list original ATI number:

(Must provide proof of rejection)

Original ATI Number

Employer (Additional response for agencies specified by statute):

Employer Name

Mail Code (five digit code assigned by DOJ)

Street Address or P.O. Box

City

State

ZIP Code

Telephone Number (optional)

Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency

LSID

ATI Number

Amount Collected/Billed