

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

**ORIGINAL**-Requesting Agency  
**COPY**-Applicant

Applicant Submission

1. **ORI:** A1157  
**Applicant Type:**  TrustLine Registry Employee  
 TrustLine Registry Volunteer

2. **Working Title:** Child Care Provider (Health & Safety Code 1596.603)

3. **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.

4. **Applicant Information:**  
 Name of Applicant: (Please print) \_\_\_\_\_  
 LAST FIRST MI  
 AKA's \_\_\_\_\_ CDL No. \_\_\_\_\_  
 LAST FIRST  
 DOB: \_\_\_\_\_ SEX:  Male  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. \_\_\_\_\_  
 (See Privacy Statement on next page) CITY, STATE AND ZIP CODE

5. **Your Number:** TLR Level of Service  DOJ  FBI  
 If resubmission, list Original ATI No. \_\_\_\_\_  
 (must present proof of rejection)

6. **NOTE: NOT APPLICABLE FOR TRUSTLINE APPLICANTS**  
 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)

7. Live Scan Transaction Completed By: \_\_\_\_\_ Date \_\_\_\_\_  
 NAME OF OPERATOR

Transmitting Agency LSID# ATI No. Amount Collected/Billed

## TRUSTLINE APPLICANTS

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

**A. Complete this form and the TrustLine Application Form (TLR 2).**

Schedule an appointment to have your fingerprints scanned with either the Community Care Licensing Live Scan vendor at **1-800-315-4507** or at a Department of Justice Live Scan site -- either a Police Department or Sheriff's Office (refer to <http://caag.state.ca.us/fingerprints/index.htm>).

**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.:** 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 2) and the appropriate fee and send or take it to the agency listed in 10 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.**

#### 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.