

REQUEST FOR LIVE SCAN SERVICE - LONG TERM CARE OMBUDSMAN

Applicant Submission

1. ORI: A0448			
2. Working Title: OMBUDSMAN			
3. Authorized Applicant Type - Ombudsman			
4. 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)	
PO BOX 944243		Mail Station 9-15-62	
Street No.		Contact Name (Mandatory for all school submissions)	
Street or PO Box		N/A	
Sacramento,	CA	94244-2430	() N/A
City	State	Zip Code	Contact Telephone No.
5. Applicant Information:			
Name of Applicant: (Please print) _____			
LAST		FIRST MI	
AKA's: _____		CDL No. _____	
LAST FIRST			
DOB: _____		Misc. No. BIL -	
SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female		AGENCY BILLING NUMBER (IF APPLICABLE)	
HT: _____		Misc. No.: _____	
WT: _____		ALIEN REGISTRATION, OUT OF STATE DRIVER'S LICENSE OR I.D.	
EYE Color: _____		Home Address: (All applicants must complete)	
HAIR Color: _____			
POB: _____		STREET OR PO BOX	
SOC: _____		CITY, STATE AND ZIP CODE	
(See Privacy Statement on Page 2)			
6. Facility Number: 349822222 Level of Service <input checked="" type="checkbox"/> DOJ <input checked="" type="checkbox"/> FBI			
If resubmission, (select R2), list Original ATI No. _____			
7. Employer: (Additional response for California Department of Social Services, DMV/CHP licensing, and Department of Corporations submissions only)			
LTC Ombudsman Program			
Employer			
1300		National Drive, Suite 200	
Street No.		Mail Code (five-digit code assigned by DOJ)	
Street or PO Box		11846	
Sacramento,	CA	95834	
City	State	Zip Code	Agency Telephone No. (Optional)
8.			
Live Scan Transaction Completed By: _____		Date _____	
Name of Operator			
Transmitting Agency		Amount Collected/Billed	
LSID#		ATI No.	

**GUIDELINES FOR COMMUNITY CARE LICENSING (CCLD) APPLICANTS WHO
USE A LIVE SCAN SITE (CCLD or DOJ SITE) FOR FINGERPRINTING
Instructions for the LIC 9163B**

1. **Originating Response Indicator (ORI):** Preprinted
2. **Working Title:** Preprinted
3. **Authorized Applicant Type:** Preprinted
4. **Agency Address Set Contributing Agency:** Preprinted
5. **Applicant Information:** Print your full name (last, first, middle initial).

AKA's: Other names the applicant has used **CDL No.:** CA Driver's 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 identification numbers
(ALIEN 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:** Preprinted
Level of Service: Preprinted
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:** Preprinted
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 IBT - L1, they will return the completed form to you. Retain this form for your records.

If you use a Live Scan Operator other than IBT - L1, 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.

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 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). The Department 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 Department (Civil Code section 1798 et seq.). Under the California Public Records Act, the Department 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.