State of California | Department of Justice

REQUEST FOR LIVE SCAN SERVICE

BCII 8016 (3/07)

Applicant Submission

ORI: A1226 (Code assigned by DOJ) Type of Application: Certification

Job Title or Type of License, Certification or Permit: Certified Nurse Assistant (CNA)

Agency Address Set Contributing Agency:

California Department of Public Health (CDPH) — Agency authorized to receive criminal history information

03314 — Mail Code (five-digit code assigned by DOJ)

MS 3301, P.O. Box 997416 — Street No. Street or PO Box

Northern California Healthcare Insttute — Contact Name (Mandatory for all school submissions)

Sacramento — City | CA — State | 95899-7416 — Zip Code

(510) 929-1992 — Contact Telephone No.

Name of Applicant: (Please print) Last First MI

Alias: Last First

Driver's License No:

Date of Birth: Sex: ☐ Male ☐ Female

Misc. No. BIL - ---------- (Agency Billing Number)

Height: Weight:

Misc. Number: phone#

Home Address:

Eye Color: Hair Color:

Street No. Street or PO Box

Place of Birth:

City, State and Zip Code

Social Security Number:

Your Number: social security# (OCA No. (Agency Identifying No.))

Level of Service: ☑ DOJ ☐ FBI

If resubmission, list Original ATI Number:

Employer: (Additional response for agencies specified by statute)

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: Name of Operator Date

Transmitting Agency ATI No. Amount Collected/Billed

ORIGINAL – Live Scan Operator; SECOND COPY – Applicant; THIRD COPY (if needed) – Requesting Agency