



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

AA504 ELDER CARE
ORI (Code assigned by DOJ) Authorized Applicant Type

IHSS PROVIDER

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

Contributing Agency Information:

ORANGE COUNTY IHSS PUBLIC AUTHORITY 11855
Agency Authorized to Receive Criminal Record Information Mail Code (five-digit code assigned by DOJ)

2020 W. WALNUT ST.
Street Address or P.O. Box

SANTA ANA CA 92703
City State ZIP Code

(714) 825-3174
Contact Telephone Number

Applicant Information:

LAST FIRST
Last Name First Name Middle Initial Suffix

Other Name: (AKA or Alias)

Last Name First Name Suffix

1/1/2000 Sex ☒ Male ☐ Female ☐ Nonbinary/Unspecified E0000000
Date of Birth Driver's License Number

5'8" 150 LB BROWN BLACK
Height Weight Eye Color Hair Color

CALIFORNIA 000-00-0000
Place of Birth (State or Country) Social Security Number

Home Address STREET ADDRESS CITY CA 00000
Street Address or P.O. Box City State ZIP Code

Billing Number
(Agency Billing Number)

Misc. Number
(Other Identification Number)

I have received and read the included Privacy Notice, Privacy Act Statement, and Applicant's Privacy Rights.

your signature 10/1/2024
Applicant Signature Date

Your Number: Level of Service: ☒ DOJ ☐ FBI
OCA Number (Agency Identifying Number) (If the Level of Service indicates FBI, the fingerprints will be used to check the criminal history record information of the FBI.)

If re-submission, list original ATI number: Original ATI Number
(Must provide proof of rejection)

Employer (Additional response for agencies specified by statute):

Employer Name

Street Address or P.O. Box Telephone Number (optional)

City State ZIP Code Mail Code (five digit code assigned by DOJ)

Live Scan Transaction Completed By:

Name of Operator Date

Transmitting Agency LSID ATI Number Amount Collected/Billed