STATE OF CALIFORNIA
BCIA 8016
(Rev. 04/2020)

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

AA504
ORI (Code assigned by DOJ)

ELDER CARE
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
Agency Authorized to Receive Criminal Record Information

11855
Mail Code (five-digit code assigned by DOJ)

1505 E. WARNER AVE.
Street Address or P.O. Box

Contact Name (mandatory for all school submissions)

SANTA ANA
City

CA
State

92706
ZIP Code

7148253174
Contact Telephone Number

Applicant Information:

SU APELLIDO
Last Name

SU NOMBRE
First Name

Middle Initial

Suffix

Other Name: (AKA or Alias)

Last Name

First Name

Suffix

FECHA DE NACIMIENTO
Date of Birth

SEXO
Sex ☐ Male ☐ Female

NÚMERO DE LICENCIA DE CONDUCCIÓN O ID
Driver's License Number

ALTURA
Height

PESO
Weight

COLOR DE OJOS
Eye Color

COLOR DE PELO
Hair Color

Billing Number
(Agency Billing Number)

LUGAR DE NACIMENTO
Place of Birth (State or Country)

NÚMERO DE SEGURO SOCIAL
Social Security Number

Number
(Other Identification Number)

Home Address

SU DIRECCIÓN DEL HOGAR
Street Address or P.O. Box

CIUDAD
City

ESTADO
State

CÓDIGO POSTAL
ZIP Code

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

SU FIRMA
Applicant Signature

FECHA DE FIRMA
Date

Your Number: ÚLTIMOS SEIS DÍGITOS DE SEGURO SOCIAL
OCA Number (Agency Identifying Number)

Level of Service: ☒ DOJ ☐ FBI
(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:
(Must provide proof of rejection)
Original ATI Number

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