

REQUEST FOR LIVE SCAN SERVICE
Applicant Submission

This form is to be used for Sacramento County IHSS Providers only.

A7414 **Elder Care**
ORI _____ Type of Application _____

IHSS Provider
Job Title or Type of License, Certificate or Permit _____

Agency Address Set Contributing Agency:
Sacramento County IHSS Public Authority **00738**
Agency authorized to receive criminal history information Mail Code (five digit code assigned by DOJ)
3700 Branch Center Rd. Ste A **Caregiver Registry**
Street No. Street or PO Box Contact Name (Mandatory for all School submissions)
Sacramento CA 95827 **(916) 874-4411**
City State Zip Code Contact Telephone Number.

Name of Applicant _____
(Please Print) Last First MI
Alias: _____ Driver's License No. _____
Last First
Date of Birth: _____ Sex: Male Female
Height _____ Weight: _____
Eye Color: _____ Hair Color: _____ Home Address: _____
Street or PO Box
Place of Birth: _____
City, State and Zip Code
SSN (Must be included for all applicants): _____

Your Number: _____ Level of Service DOJ FBI
If resubmission, list Original ATI No. _____

Employer: (Providers do not need to complete this section)

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: _____ Date: _____

Transmitting Agency ATI No. Amount Collected/ Billed

ORIGINAL – Live Scan Operator; SECOND COPY – Applicant