

SAMPLE FOR CERTIFICATION OF NURSE ASSISTANTS OR HOME HEALTH AIDE REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI (Code assigned by DOJ)	Authorized Applicant Type	
Type of License/Certification/Permit OR Working Title (Maxim	num 30 characters - if assigned by DOJ, use exact title assigned)	
Contributing Agency Information:		
Agency Authorized to Receive Criminal Record Information	Mail Code (five-digit code assigned by DOJ)	
Street Address or P.O. Box	Contact Name (mandatory for all school submissions)	
City State Zip Code	Contact Telephone Number	
Applicant Information:		
Last Name	First Name Middle Initial Suff	fix
Other Name (AKA or Alias) Last (Check one)	First Name Suff	fix
Date of Birth Sex: Male Female	Driver's License Number	
Height Weight Eye Color Hair Color	Billing Agency Billing Number)	
Place of Birth (State or Country) Social Security Number	Misc. Number (Other Identification Number)	
Home Address or P.O. Box	City State Zip Code	
Your Number: OCA Number (Agency Identification Number)	Level of Service: DOJ FBI	
If re-submission, list ATI number: (Must provide proof of Rejection)	Original ATI Number	
Employer (Additional response for agencies specified by sta	atute):	
Employer Name	Mail Code (five-digit code assigned by DOJ)	
Street Address or P.O. Box		
City State Zip Code	Telephone Number (optional)	_
Live Scan Transaction Completed By:		
Name of Operator	Date	
Transmitting Agency LSID	ATI Number Amount Collected/Billed	
BCII 8016 (Rev 07/10) SAMPLE ORIGINAL - Live Scan Operator SECOND C	COPY - Applicant THIRD COPY (if needed) - Requesting Agency	

NOTE TO APPLICANT: *Please input your Social Security Number (SSN) where required. The submission of your SSN will allow results to be transmitted from DOJ to CDPH accurately and timely. Failure to submit your SSN could cause delay in your certification.