STATE OF CALIFORNIA
BCIA 8016
(orig. 4/01; rev. 6/09)

DEPARTMENT OF JUSTICE

SAMPLE FOR CERTIFICATION OF NURSE ASSISTANTS OR HOME HEALTH AIDES

# REQUEST FOR LIVE SCAN SERVICE

***Applicant Submission***

*A1226*
ORI (Code assigned by DOJ)

*Certification*
Authorized Applicant Type

*Certified Nurse Assistant (CNA) or Home Health Aide (HHA)*
Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

Contributing Agency Information:

*California Department of Public Health (CDPH)*
Agency Authorized to Receive Criminal Record Information

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

*MS 3301, P.O. Box 997416*
Street Address or P.O. Box

*(Leave blank)*
Contact Name (mandatory for all school submissions)

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

*(Leave blank)*
Contact Telephone Number

Applicant Information:

*Your last name*
Last Name

*Your first name & middle initial*
First Name | Middle Initial | Suffix

Other Name (AKA or Alias) Last: *Other last names known as*

*Other first names known as*
First Name | Suffix

*Date of Birth*
Date of Birth

Sex: *(Check one)* ☐ Male ☐ Female

*California Driver's License Number*
Driver's License Number

*Height* — Height | *Weight* — Weight | *Color* — Eye Color | *Color* — Hair Color

Billing Number: *Not Applicable*
(Agency Billing Number)

*Place of Birth* — Place of Birth (State or Country)
**Social Security Number (Required by CDPH)* — Social Security Number

Misc. Number: *Your telephone number*
(Other Identification Number)

Home Address: *Your mailing address*
Street Address or P.O. Box | City | State | Zip Code

Your Number: **Social Security Number (Required by CDPH)*
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 statute):

*(Leave blank)*
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

BCIA 8016 (Rev 07/11) SAMPLE

ORIGINAL - Live Scan Operator SECOND 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.