

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

SAMPLE FOR CERTIFICATION OF NURSE ASSISTANTS OR HOME HEALTH AIDES

REQUEST FOR LIVE SCAN SERVICE

A1226 ORI (Code assigned by DOJ) 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 MS 3301, P.O. Box 997416 Street Address or P.O. Box Sacramento CA 95899-7416 City State Zip Code Contact Name (mandatory for all school submissions) (Leave blank) Contact Reme & middle initial First Name & middle initial First Name Middle Initial Suffix Other last names known as (AKA or Alias) Last (Check one) Date of Birth Sex: Male Female Date of Birth Height Weight Eye Color Hair Color Place of Birth (State or Country) Place of Birth (State or Country) Social Security Number Home Address Street Address or P.O. Box City State Zip Code	Applicant Submission	
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If re-submission, list ATI number:	If re-submission, list ATI number:	
(Must provide proof of Rejection) Original ATI Number		Original ATI Number
Employer (Additional response for agencies specified by statute): (Leave blank)):
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City State Zip Code Telephone Number (optional)	Cit. State Zin Code	Telephone Number (optional)
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Live Scan Transaction Completed By:	Live Scan Transaction Completed By:	
Name of Operator Date	Name of Operator	Date
Transmitting Agency LSID ATI Number Amount Collected/Billed		ATI Number Amount Collected/Billed

BCIA 8016 (Rev 07/11) SAMPLE