



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

A1226
ORI (Code assigned by DOJ)

CERTIFICATION
Authorized Applicant Type

CERTIFIED NURSING ASSISTANT
Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

Contributing Agency Information:

DEPARMENT OF HEALTH SERVICES L&C
Agency Authorized to Receive Criminal Record Information

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

FINGERPRINT INVESTIGATION UNIT 1615 Capitol Ave.
Street Address or P.O. Box

VIP NURSING SCHOOL, INC. 5104810240
Contact Name (mandatory for all school submissions)

MS 3301 PO Box 997416 SACRAMENTO CA 95899-7416
City State ZIP Code

(916) 327-2445
Contact Telephone Number

Applicant Information:

Last Name

First Name Middle Initial Suffix

Other Name *used*
(AKA or Alias) Last

First Suffix

Date of Birth Sex Male Female

Driver's License Number

Height Weight Eye Color Hair Color

Billing Number *leave blank*
(Agency Billing Number)

Place of Birth (State or Country) Social Security Number

Misc. Number
(Other Identification Number)

Home Address Street Address or P.O. Box

City State ZIP Code

Your Number: _____
OCA Number (Agency Identifying Number)

Level of Service: DOJ 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

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