

# REQUEST FOR LIVE SCAN SERVICE - LONG TERM CARE OMBUDSMAN

Applicant Submission

1. ORI: <b>A0448</b>			
2. Working Title: <b>OMBUDSMAN</b>			
3. Authorized Applicant Type - <b>Ombudsman</b>			
4. Agency Address Set Contributing Agency:			
<b>CA Dept of Social Services</b>		<b>03502</b>	
Agency authorized to receive criminal history information		Mail Code (five-digit code assigned by DOJ)	
<b>PO BOX 944243</b>		<b>Mail Station 9-15-62</b>	
<b>N/A</b>		<b>N/A</b>	
Street No.	Street or PO Box	Contact Name (Mandatory for all school submissions)	
<b>Sacramento,</b>	<b>CA</b>	<b>94244-2430</b>	( ) <b>N/A</b>
City	State	Zip Code	Contact Telephone No.
5. Applicant Information:			
Name of Applicant: (Please print) _____			
LAST		FIRST	MI
AKA's: _____		CDL No. _____	
LAST		FIRST	
DOB: _____		SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female	
HT: _____		WT: _____	
EYE Color: _____		HAIR Color: _____	
POB: _____		Misc. No.: <b>BIL -</b>	
SOC: _____		AGENCY BILLING NUMBER (IF APPLICABLE)	
(See Privacy Statement on Page 2)		Misc. No.: _____	
		ALIEN REGISTRATION, OUT OF STATE DRIVER'S LICENSE OR I.D.	
		Home Address: (All applicants must complete)	
		STREET OR PO BOX	
		CITY, STATE AND ZIP CODE	
6. Facility Number: <b>349822222</b> Level of Service <input checked="" type="checkbox"/> DOJ <input checked="" type="checkbox"/> FBI			
If resubmission, (select R2), list Original ATI No. _____			
7. Employer: (Additional response for California Department of Social Services, DMV/CHP licensing, and Department of Corporations submissions only)			
<b>LTC Ombudsman Program</b>			
Employer			
<b>1300</b>		<b>National Drive, Suite 200</b>	
Street No.		Street or PO Box	
<b>Sacramento,</b>		<b>CA</b>	
<b>95834</b>		<b>11846</b>	
City		State	
Zip Code		Agency Telephone No. (Optional)	
8.			
Live Scan Transaction Completed By: _____		Date _____	
Name of Operator			
Transmitting Agency		LSID#	
ATI No.		Amount Collected/Billed	

**GUIDELINES FOR COMMUNITY CARE LICENSING (CCLD) APPLICANTS WHO  
USE A LIVE SCAN SITE (CCLD or DOJ SITE) FOR FINGERPRINTING  
Instructions for the LIC 9163B**

1. **Originating Response Indicator (ORI):** Preprinted
2. **Working Title:** Preprinted
3. **Authorized Applicant Type:** Preprinted
4. **Agency Address Set Contributing Agency:** Preprinted
5. **Applicant Information:** Print your full name (last, first, middle initial).

**AKA's:** Other names the applicant has used      **CDL No.:** CA Driver's License or CA ID

**DOB:** Date of Birth      **SEX:** Male or Female      **MISC No: BIL -** Enter the agency billing number, if applicable

**HT:** Height      **WT:** Weight      **MISC No.:** Enter any other identification numbers  
(ALIEN REGISTRATION, OUT OF STATE DRIVER'S LICENSE OR I.D.)

**EYE Color:** Color of eyes      **HAIR Color:** Color of hair      **Home Address:** Applicant's home address

**POB:** State or Country of Birth

**SOC:** Social Security Number (optional)

6. **Facility Number:** Preprinted  
**Level of Service:** Preprinted  
**If resubmission, list original Applicant Tracking Information (ATI) No.:** If your fingerprints were rejected and this is a resubmission of your prints, enter the original ATI number provided on the reject notice to avoid paying an additional processing fee
7. **Employer:** Preprinted
8. **Live Scan Transaction Completed By:** This section will be completed by the Live Scan operator.

**Take this form with you the day you are fingerprinted. The Live Scan Operator will complete section 8. If the Live Scan Operator is IBT - L1, they will return the completed form to you. Retain this form for your records.**

**If you use a Live Scan Operator other than IBT - L1, you will need to take 2 copies of this form. One copy will be retained by the Operator and the other you may retain for your records.**

### PRIVACY STATEMENT

Pursuant to the Federal Privacy Act (P.L. 93-579) and the Information Practices Act of 1977 (Civil Code section 1798 et seq.), notice is given for the request of the Social Security Number (SSN) on this form. The California Department of Justice uses a person's SSN as an identifying number. The requested SSN is voluntary. Failure to provide the SSN may delay the processing of this form and the criminal record check.

In order to be licensed, work at, or be present at, a licensed facility, the law requires that you complete a criminal background check. (Health and Safety Code sections 1522, 1568.09, 1569.17 and 1596.871). The Department will create a file concerning your criminal background check that will contain certain documents, including information that you provide. You have the right to access certain records containing your personal information maintained by the Department (Civil Code section 1798 et seq.). Under the California Public Records Act, the Department may have to provide copies of some of the records in the file to members of the public who ask for them, including newspaper and television reporters.