

**REQUEST FOR LIVE SCAN SERVICE - COMMUNITY CARE LICENSING**

Applicant Submission

1. ORI: <b>A0448</b>			
2. Working Title: <i>(Check ✓ one)</i> <input type="checkbox"/> Adult Resident other than Client <input type="checkbox"/> Employee <input type="checkbox"/> License, Certification, Applicant <input type="checkbox"/> Volunteer <input checked="" type="checkbox"/> Home Care Aide Registry Applicant			
3. Authorized Applicant Type - Enter from list on Page 2, "DOJ Abbreviated CCLD Facility/Organization Type." <b>Westco Fiji Care LLC HCO#214700037</b>			
4. Agency Address Set Contributing Agency: <b>CA Dept of Social Services</b> <span style="float: right;"><b>03502</b></span> Agency authorized to receive criminal history information <span style="float: right;">Mail Code <i>(five-digit code assigned by DOJ)</i></span> <b>PO BOX 94244</b> <span style="margin-left: 100px;"><b>Mail Station 9-15-62</b></span> <span style="float: right;"><b>N/A</b></span> Street No. <span style="margin-left: 50px;">Street or PO Box</span> <span style="float: right;">Contact Name <i>(Mandatory for all school submissions)</i></span> <b>Sacramento, CA 94244-2430</b> <span style="margin-left: 100px;">( )</span> <span style="float: right;"><b>N/A</b></span> City <span style="margin-left: 50px;">State</span> <span style="margin-left: 50px;">Zip Code</span> <span style="float: right;">Contact Telephone No.</span>			
5. Applicant Information: Name of Applicant: <i>(Please print)</i> _____ <span style="margin-left: 200px;">LAST</span> <span style="margin-left: 200px;">FIRST</span> <span style="margin-left: 200px;">MI</span> AKA's: _____ <span style="margin-left: 50px;">LAST</span> <span style="margin-left: 100px;">FIRST</span> <span style="margin-left: 200px;">CDL No.</span> _____ DOB: _____ SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female <span style="margin-left: 50px;">Misc. No. <b>BIL -</b></span> <span style="margin-left: 450px;">AGENCY BILLING NUMBER (IF APPLICABLE)</span> HT: _____ WT: _____ <span style="margin-left: 50px;">Misc. No.:</span> _____ <span style="margin-left: 450px;">PERMANENT RESIDENT (F551), OUT OF STATE DRIVER'S LICENSE OR I.D.</span> EYE Color: _____ HAIR Color: _____ <span style="margin-left: 50px;">Home Address: <i>(All applicants must complete)</i></span> POB: _____ <span style="margin-left: 450px;">STREET OR PO BOX</span> _____ SOC: _____ <span style="margin-left: 450px;">CITY, STATE AND ZIP CODE</span> _____ <i>(See Privacy Statement on Page 4)</i>			
6. Facility/Organization Number: <b>21470037</b> <span style="margin-left: 100px;">Level of Service</span> <input checked="" type="checkbox"/> DOJ <input checked="" type="checkbox"/> FBI If resubmission for fingerprint quality (select R2), list Original ATI No. _____			
7. Employer: <i>(Additional response for Department of Social Services, DMV/CHP licensing, and Department of Corporations submissions only)</i> <b>Westco Fiji Care LLC</b> Employer Name <b>199 Greenfield Ave, Room 10,</b> Street No. <span style="margin-left: 50px;">Street or PO Box</span> <span style="float: right;">Mail Code <i>(five digit code assigned by DOJ)</i></span> <b>Sao Rafael CA 94910 408 775 3723</b> City <span style="margin-left: 50px;">State</span> <span style="margin-left: 50px;">Zip Code</span> <span style="float: right;">Agency Telephone No. <i>(Optional)</i></span>			
8. Live Scan Transaction Completed By: _____ Date _____ <span style="margin-left: 250px;">Name of Operator</span>			
Transmitting Agency		LSID#	ATI No. <span style="float: right;">Amount Collected/Billed</span>