TRUSTLINE FINGERPRINTING FORM

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REQUEST FOR LIVE SCAN SERVICE FOR TRUSTLINE REGISTRY APPLICANTS

STATE OF CALIFORNIA
HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

1. **ORI:** A1157
Applicant Type: ☐ TrustLine Registry Employee ☐ TrustLine Registry Volunteer
Applicant Submission
ORIGINAL-Requesting Agency
COPY-Applicant

2. **Working Title:** **Child Care Provider (Health & Safety Code 1596.603)**

3. **Agency Address Set Contributing Agency:**

CA Dept of Social Services
Agency authorized to receive criminal history information

744 "P" Street
Street No. Street or PO Box

Sacramento CA 95814
City State Zip Code

03502
Mail Code (*five-digit code assigned by DOJ*)

N/A
Contact Name (*Mandatory for all school submissions*)

( ) **N/A**
Contact Telephone No.

4. **Applicant Information:**

Name of Applicant: (Please print) _____
LAST FIRST MI

AKA's _____
LAST FIRST

CDL No. _____

DOB: _____ SEX: ☐ Male ☐ Female

Misc. No. BIL- NA
AGENCY BILLING NUMBER (*IF APPLICABLE*)

HT: _____ WT: _____

Misc. No.: _____
ALIEN REGISTRATION, OUT OF STATE DRIVER'S LICENSE OR ID.

POB: _____

Home Address: (*All applicants must complete*)

HAIR: _____ EYE: _____

_____
STREET OR PO BOX

SOC No. _____
(See Privacy Statement on next page)

_____
CITY, STATE AND ZIP CODE

5. **Your** Number: TLR Level of Service ☒ DOJ ☒ FBI

If resubmission, list Original ATI No. _____
(must present proof of rejection)

6. ***NOTE:*** *NOT APPLICABLE FOR TRUSTLINE APPLICANTS*

Employer: (Additional response for Department of Social Services, DMV/CHP licensing, and Department of Corporations submissions only)

N/A
Employer Name

N/A
Street No Street or PO Box

N/A
City State Zip Code

N/A
Mail Code (*five-digit code assigned by DOJ*)

N/A
Agency Telephone No. (*Optional*)

7. Live Scan Transaction Completed By: _____ Date _____
NAME OF OPERATOR

Transmitting Agency LSID# ATI No. Amount Collected/Billed

ORIGINAL – Live Scan Operator; SECOND COPY – Applicant; THIRD COPY (if needed) – Requesting Agency

Applicant must contact their Contributing Agency to verify the accuracy of the form required for their Live Scan submission.