



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

<p>A1098 ORI (Code assigned by DOJ)</p> <p>GENETIC COUNSELOR Type of License/Certification/Permit <u>OR</u> Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)</p> <p>Contributing Agency Information: CASDNURSING HOME ADMIN Agency Authorized to Receive Criminal Record Information</p> <p>P.O. BOX 942732 Street Address or P.O. Box</p> <p>SACRAMENTO CA 94234 City State ZIP Code</p>	<p>LICENSE CERT OR PERMIT Authorized Applicant Type</p> <p>03857 Mail Code (five-digit code assigned by DOJ)</p> <p>SARA GOLDMAN Contact Name (mandatory for all school submissions)</p> <p>(510) 412-1463 Contact Telephone Number</p>
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Applicant Information:

<p>Last Name _____</p> <p>Other Name (AKA or Alias) Last _____</p> <p>Date of Birth _____ Sex <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>Height _____ Weight _____ Eye Color _____ Hair Color _____</p> <p>Place of Birth (State or Country) _____ Social Security Number _____</p> <p>Home Address Street Address or P.O. Box _____</p>	<p>First Name _____ Middle Initial _____ Suffix _____</p> <p>First _____ Suffix _____</p> <p>Driver's License Number _____</p> <p>Billing Number APPLICANT MUST PAY (Agency Billing Number)</p> <p>Misc. Number _____ (Other Identification Number)</p> <p>City _____ State _____ ZIP Code _____</p>
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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):

<p>Employer Name _____</p> <p>Street Address or P.O. Box _____</p> <p>City _____ State _____ ZIP Code _____</p>	<p>Mail Code (five digit code assigned by DOJ) _____</p> <p>Telephone Number (optional) _____</p>
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Live Scan Transaction Completed By:

<p>Name of Operator TAKE5 FINANCIAL GROUP 703 S GLENDORA AVENUE, STE 6 WEST COVINA, CA 91790</p> <p>Transmitting Agency LSID</p>	<p>Date _____</p> <p>ATI Number _____ Amount Collected/Billed _____</p>
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Take5 Financial Group

703 S. Glendora Avenue, Suite 6 West Covina, CA 91790

Phone: (626) 569-5944 * Fax: (626) 722-5921

Live Scan Service	State	Federal		Firearms	Application		Rolling Fee
Fingerprint Submission	CORI Fee	CORI Fee	CACI Fee	Eligibility	Initial	Renewal	Service Charge
Employment							
General	\$32	\$17	N/A	N/A	N/A	N/A	\$20
Criminal Justice Agency	\$32	\$0	N/A	N/A	N/A	N/A	\$20
Peace Officer Auxiliary	\$32	\$0	NA	\$19	N/A	N/A	\$20
Peace Officer Firearms w/ CACI	\$32	\$0	\$15	\$19	N/A	N/A	\$20
Human Resource Agency (non-profit)	\$0	\$17	N/A	N/A	N/A	N/A	\$20
In-Home Support Services	\$32	N/A	N/A	N/A	N/A	N/A	\$20
Trustline Registry/CASA	\$32	\$17	\$15	N/A	N/A	N/A	\$20
All other employees are charged the "General" fee							
Volunteer							
HR Agency/Youth Org (non-profit)	\$0	\$15	N/A	N/A	N/A	N/A	\$20
HR Agency/Youth Org (for profit)	\$32	\$15	N/A	N/A	N/A	N/A	\$20
Trustline Registry/CASA (Volunteer)	\$32	\$15	\$15	N/A	N/A	N/A	\$20
Child Day Care (small home)	\$0	\$15	\$0	N/A	N/A	N/A	\$20
Child Day Care (large/facility)	\$42	\$15	\$15	N/A	N/A	N/A	\$20
Foster Care Mentor	\$0	\$15	\$15	N/A	N/A	N/A	\$20
All other volunteers use the "Employment" fee schedule							
Certificates/License/Permits							
General	\$32	\$17	N/A	N/A	N/A	N/A	\$20
Check Casher	\$32	N/A	N/A	N/A	\$50	\$50	\$20
Child Day/Residential (Small home)	\$0	\$17	\$15	N/A	N/A	N/A	\$20
Child Day/Residential (large facility)	\$42	\$17	\$15	N/A	N/A	N/A	\$20
Adult Care/Residential Care	\$42	\$17	N/A	N/A	N/A	N/A	\$20
Custodian of Records	\$32	\$17	N/A	N/A	\$30	N/A	\$20
Fingerprint Roller	\$32	\$17	N/A	N/A	\$25	N/A	\$20
Certificate/License/Permit	\$32	\$17	N/A	N/A	N/A	N/A	\$20
Licen/Permit with Firearm	\$32	\$17	N/A	\$38	N/A	N/A	\$20
Secondhand Dealer/Pawnbroker	\$32	N/A	N/A	N/A	\$300	\$300	\$20
Other							
Application for Visa/Immigration	\$32	N/A	N/A	N/A	N/A	N/A	\$20
Emergency Child Placement	\$0	\$17	N/A	N/A	N/A	N/A	\$20
Petition for Adoption	\$32	\$17	\$15	N/A	N/A	N/A	\$20
Record Review	\$25	N/A	N/A	N/A	N/A	N/A	\$20
POST Training Certificate	\$32	N/A	N/A	\$19	N/A	N/A	\$20
Ombudsman (Employees)	\$32	\$17	N/A	N/A	N/A	N/A	\$20
Ombudsman (Volunteers)	\$32	\$15	N/A	N/A	N/A	N/A	\$20

N/A = Not Applicable

CACI = Child Abuse Central Index

CASA = Court Appointed Special Advocate

* CASA CACI checks available 01/01/08 and are permissive, not mandatory