STATE OF CALIFORNIA
BCIA 8016
(Rev. 03/2024)



# REQUEST FOR LIVE SCAN SERVICE

*Applicant Submission*

A1226
ORI (Code assigned by DOJ)

Certification
Authorized Applicant Type

Certified Nurse Assistant (CNA) or Home Health Aide (HHA)
Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

Contributing Agency Information:

California Department of Public Health (CDPH)
Agency Authorized to Receive Criminal Record Information

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

ms 3301, P.O. Box 997416
Street Address or P.O. Box

Contact Name (mandatory for all school submissions)

Sacramento
City

CA
State

95899
ZIP Code

Contact Telephone Number

Applicant Information:

Last Name

First Name

Middle Initial

Suffix

Other Name: (AKA or Alias)

Last Name

First Name

Suffix

Date of Birth

Sex ☐ Male ☐ Female ☐ Nonbinary/Unspecified

Driver's License Number

Height

Weight

Eye Color

Hair Color

Billing Number
(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

I have received and read the included Privacy Notice, Privacy Act Statement, and Applicant's Privacy Rights.

Applicant Signature

Date

Your Number:
OCA Number (Social Security Administration Identifying Number)

Level of Service: ☒ DOJ ☐ FBI
(If the Level of Service indicates FBI, the fingerprints will be used to check the criminal history record information of the FBI.)

If re-submission, list original ATI number:
(Must provide proof of rejection)

Original ATI Number

Employer (Additional response for agencies specified by statute):

Nightingale Healthcare Professionals
Employer Name

743 El Cerrito Plaza
Street Address or P.O. Box

+1 (510) 553-1800
Telephone Number (optional)

El Cerrito
City

CA
State

94530
ZIP Code

Mail Code (five digit code assigned by DOJ)

Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency

LSID

ATI Number

Amount Collected/Billed