

REQUEST FOR LIVE SCAN SERVICE

APPLICANT SUBMISSION - PLEASE TYPE WHEN POSSIBLE

Please complete the form and do not leave any fields blank. If you have questions regarding the information requested, please call 916-255-1025. Fax all Request for Live Scan Service forms to the Office of Peace Officer Selection on the same day the individual is printed to 916-255-3302. Retain a copy for your records. All individuals must be Live Scanned on a CDCR Live Scan machine including employees, contractors (excluding select contractors), volunteers, and retired peace officers. Contractors not permitted on institution grounds may be sent to outside Live Scan operators.

ORI	TYPE OF APPLICATION (Must Check One)				
A0231	<input type="checkbox"/> Non-Peace Officer	<input type="checkbox"/> Peace Officer	<input checked="" type="checkbox"/> Contractor/Volunteer	<input type="checkbox"/> Retired Peace Officer/CCW Permit	
POSITION TITLE OF APPLICANT					
CCTRP-SFS					
CDCR OFFICE/INSTITUTION RECEIVING LIVE SCAN RESULTS			CONTACT NAME	TELEPHONE NUMBER	
CCTRP-SFS			Angie Guzman	(562) 236-9390	
NAME OF AGENCY AUTHORIZED TO RECEIVE CRIMINAL HISTORY INFO			MAILING ADDRESS		
CA - DEPT OF CORRECTIONS AND REHABILITATION			9838 OLD PLACERVILLE ROAD SUITE B SACRAMENTO, CA 95827		
AGENCY BILLING NUMBER		PHONE NUMBER	FAX NUMBER	MAIL CODE	
BIL-130109		916-255-1025	916-255-3302	06259	
NAME OF APPLICANT	FIRST	MIDDLE	LAST		
APPLICANT GENDER	ALSO KNOWN AS (List all)		APPLICANT SSN	CA DRIVER'S LICENSE NO.	
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Nonbinary					
HEIGHT	WEIGHT	EYE COLOR	HAIR COLOR	DATE OF BIRTH (mm/dd/yyyy)	PLACE OF BIRTH (city, state, country)
APPLICANT HOME ADDRESS (street, city, state, zip code, country)			LIVED AT RESIDENCE	CONTACT NUMBER	
			Years Months		
Live Scan Operators - Enter the Institution/Facility/Office Acronym Only and Today's Date as MM-DD-YY. Example OCA Number is NFO 02-14-12.					
OCA NO. OF RECEIVING LOCATION		LEVEL OF SERVICE REQUESTING		RESUBMISSION LIST ORIGINAL ATI NO.	
FOPS		<input checked="" type="checkbox"/> DOJ <input checked="" type="checkbox"/> FBI <input type="checkbox"/> CACI			
LIVE SCAN OPERATOR NAME		TODAY'S DATE		TRANSMITTING AGENCY	
ATI NUMBER		AMOUNT COLLECTED/BILLED (CCW Only)		PAYMENT TYPE (CCW Only)	
				<input type="checkbox"/> Cashier's Check <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check	
COMMENTS					

FAX THE LIVE SCAN FORM THE DAY LIVE SCANNED TO THE OPOS 916-255-3302.