



ACCU-PRINTS
301 SCIENCE DR STE 132
MOORPARK, CA 03021
(805) 529-5288

HOURS OF OPERATION

MONDAY	9:00 – 12:00	LUNCH	1:00 – 5:00
TUESDAY	9:00 – 12:00	LUNCH	2:00 – 6:00
WEDNESDAY	9:00 – 12:00	LUNCH	1:00 - 5:00
THURSDAY	9:00 – 12:00	LUNCH	2:00 – 5:00
FRIDAY	9:00 – 12:00	LUNCH	1:00 – 4:00

**OUR LAST APPLICANT FOR PRINTING TAKEN WILL BE 15 MINUTES
PRIOR TO CLOSING.**

Directions

- **Exit 23 freeway at Los Angeles Ave**
- **Turn West (into City of Moorpark)**
- **Go to Science Dr. (1st Street you can turn right on –Turn right)**
- **We are the first building on your left. (corner of LA and Science)**

REQUEST FOR LIVE SCAN SERVICE - COMMUNITY CARE LICENSING

Applicant Submission

1. ORI: A0448			
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			
3. Authorized Applicant Type - Enter from list on Page 2, "DOJ Abbreviated CCLD Facility Type." School Age Child Care			
4. Agency Address Set Contributing Agency: CA Dept of Social Services 03502			
Agency authorized to receive criminal history information		Mail Code <i>(five-digit code assigned by DOJ)</i>	
PO BOX 944243 Mail Station 9-15-62		N/A	
Street No.	Street or PO Box	Contact Name <i>(Mandatory for all school submissions)</i>	
Sacramento,	CA	94244-2430	() N/A
City	State	Zip Code	Contact Telephone No.
5. Applicant Information:			
Name of Applicant: <i>(Please print)</i> _____			
	LAST	FIRST	MI
AKA's: _____		CDL No. _____	
	LAST	FIRST	
DOB: _____		SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female	
HT: _____		WT: _____	
EYE Color: _____		HAIR Color: _____	
POB: _____		Misc. No. BIL -	
SOC: _____		AGENCY BILLING NUMBER <i>(IF APPLICABLE)</i>	
(See Privacy Statement on Page 4)		Misc. No.: _____	
		ALIEN REGISTRATION, OUT OF STATE DRIVER'S LICENSE OR I.D.	
Home Address: <i>(All applicants must complete)</i>			
		STREET OR PO BOX	
		CITY, STATE AND ZIP CODE	
6. Facility Number: <u>561709909</u> Level of Service <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>			
Southeast Ventura County YMCA			
Employer Name			
31105 E. Thousand Oaks Blvd			
Street No.	Street or PO Box	Mail Code <i>(five digit code assigned by DOJ)</i>	
Westlake Village	CA	91362	805-497-3081
City	State	Zip Code	Agency Telephone No. <i>(Optional)</i>
8.			
Live Scan Transaction Completed By: _____		Date _____	
	Name of Operator		
Transmitting Agency	LSID#	ATI No.	Amount Collected/Billed