

**TRUSTLINE FINGERPRINTING FORM**

**REQUEST FOR LIVE SCAN SERVICE FOR TRUSTLINE REGISTRY APPLICANTS**

<b>1.</b>	<b>ORI:</b> A1157 <b>Applicant Type:</b> <input type="checkbox"/> TrustLine Registry Employee <input type="checkbox"/> TrustLine Registry Volunteer	Applicant Submission	<b>ORIGINAL-Requesting Agency</b> <b>COPY-Applicant</b>
<b>2.</b>	<b>Working Title: Child Care Provider (Health &amp; Safety Code 1596.603)</b>		
<b>3.</b>	<b>Agency Address Set Contributing Agency:</b>		
	CA Dept of Social Services		<b>03502</b>
	Agency authorized to receive criminal history information		Mail Code ( <i>five-digit code assigned by DOJ</i> )
	744 "P" Street		<b>N/A</b>
	Street No. Street or PO Box		Contact Name ( <i>Mandatory for all school submissions</i> )
	Sacramento CA 95814	( )	<b>N/A</b>
	City State Zip Code		Contact Telephone No.
<b>4.</b>	<b>Applicant Information:</b>		
	Name of Applicant: (Please print) _____		
	LAST	FIRST	MI
	AKA's _____		CDL No. _____
	LAST	FIRST	
	DOB: _____	SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female	Misc. No. <b>BIL- NA</b>
			<small>AGENCY BILLING NUMBER (IF APPLICABLE)</small>
	HT: _____	WT: _____	Misc. No.: _____
			<small>ALIEN REGISTRATION, OUT OF STATE DRIVER'S LICENSE OR ID.</small>
	POB: _____		
	Home Address: ( <i>All applicants must complete</i> )		
	HAIR: _____	EYE: _____	_____
			<small>STREET OR PO BOX</small>
	SOC No. _____		_____
	<small>(See Privacy Statement on next page)</small>		<small>CITY, STATE AND ZIP CODE</small>
<b>5.</b>	Your Number: <b>TLR</b>	Level of Service	<input checked="" type="checkbox"/> DOJ <input checked="" type="checkbox"/> FBI
	If resubmission, list Original ATI No. _____ (must present proof of rejection)		
<b>6.</b>	<b>NOTE: NOT APPLICABLE FOR TRUSTLINE APPLICANTS</b>		
	Employer: (Additional response for Department of Social Services, DMV/CHP licensing, and Department of Corporations submissions only)		
	<b>N/A</b>		
	Employer Name _____		
	<b>N/A</b>		<b>N/A</b>
	Street No. Street or PO Box		Mail Code ( <i>five-digit code assigned by DOJ</i> )
	<b>N/A</b>		<b>N/A</b>
	City State Zip Code		Agency Telephone No. ( <i>Optional</i> )
<b>7.</b>	Live Scan Transaction Completed By: _____		Date _____
	<small>NAME OF OPERATOR</small>		
	Transmitting Agency	LSID#	ATI No. Amount Collected/Billed

# TRUSTLINE Live Scan Instructions

## Live Scan Instructions for TrustLine Applicants Associated with Nanny Agencies, Transport Escort Services and Ancillary Child Care Centers

1. Complete the TrustLine Application/Live Scan form (TLR 2 or TLR 4) and the TrustLine Registry Criminal Record Statement form (TLR 508). Staff working at an ancillary child care center (i.e. child care offered at a health club) must use the TLR 4 TrustLine Application form. All other TrustLine applicants including but not limited to babysitters, nannies, and transport escort service staff, should use the TLR 2 TrustLine Application form.

2. Call CERTIFIX LIVE SCAN at **1(800) 710-1934** or visit the CERTIFIX LIVE SCAN [Online Enrollment page](#) and click the blue “Online Scheduling” link to obtain the Live Scan location nearest to you and to schedule an appointment to get your fingerprints scanned.

### 3. Calling to Schedule Your Fingerprint Appointment

- Call 1(800) 710-1934 and tell the CERTIFIX LIVE SCAN operator that you are applying for TrustLine, that your application requires that you pay a fee, and that you are a “TrustLine Registry Employee.”
- CERTIFIX LIVE SCAN operator will ask you to provide information from the TrustLine application so that the information will be in the computer when you arrive at your fingerprinting appointment.

4. Take the completed TrustLine Registry Application and payment as indicated on page 2 under “How to Apply, Payment to Live Scan Site” with you to your appointment. Have the technician who scans your prints complete the box at the bottom of the application form. This form will be the only receipt and evidence you have that your fingerprints were submitted. The completed, signed TrustLine Registry Application form along with the Criminal Record Statement form needs to be mailed along with a check in the appropriate amount (see the “Payment to CDSS” Section in the table at the bottom of page 2 of the application form). Checks should be made payable to CA Department of Social Services and sent to the address in Box 10 of the TrustLine Registry Application Form.

### Scheduling Your Fingerprint Appointment Online

- Print pre-populated Live Scan form and bring three copies with valid ID and a form of payment to one of the CERTIFIX Live Scan service location.

If there is a convenient CERTIFIX LIVE SCAN location, schedule your appointment.

Our trained and certified operators will take your fingerprints and processed will be sent to DOJ/FBI. Applicants may check the status of their fingerprint submission by visiting [DOJ website](#).

5. If there is not a CERTIFIX LIVE SCAN location near you, contact your local Police Department or Sheriff’s office and request an appointment to get your fingerprints scanned. Law enforcement agencies require two copies of TrustLine Application form or Request for Live Scan Service form (TLR 9163A). **Some law enforcement sites will require use of the TLR 9163A Request for Live Scan Service form, so take both the TrustLine Registry Application form as well as the Request for Live Scan Service form with you when you get fingerprinted. Make sure that on both the TrustLine application form, in the Live Scan section, and on the TLR 9163A form the Applicant Type is listed as “TrustLine Registry Employee.”** Make sure you take two copies of the completed TrustLine Application form and two copies of the TLR 9163A Live Scan form with you to the appointment. There will be a fingerprint rolling fee of \$10 – \$25. The Live Scan form needs to be signed by the individual who rolls your prints.

6. The completed, signed TrustLine Registry Application form along with the Criminal Record Statement form, and if used, the Live Scan form TLR 9163A needs to be mailed along with a check in the appropriate amount (see the “Payment to CDSS” Section in the table at the bottom of page 2 of the application form) to CDSS. Checks should be made payable to CA Department of Social Services and sent to the address in Box 10 of the TrustLine Registry Application Form.

## TRUSTLINE APPLICANTS

### Instructions for Completing the Request for Live Scan Service Form

**A. Complete this form and the TrustLine Application Form (TLR 2/TLR 4).**

Schedule an appointment to have your fingerprints scanned at a Department of Justice Live Scan site (refer to <http://caag.state.ca.us/fingerprints/index.htm>).

1 to 3 are pre-printed.

4. Applicant Information:

**Name of Applicant:** Print your full name (last, first, middle initial)

**AKA's:** Other names that you have ever used

**CDL No.:** CA Driver's License or CA ID

**DOB:** Date of Birth

**SEX:** Male or Female

**MISC No.:** N/A (Pre-Printed)

**HT:** Height

**WT:** Weight

**MISC No.:** Enter Alien Registration, Out of state driver's license or ID

**POB:** State or Country of Birth

**Home Address:** Applicant's home address; Street or PO Box; City, State, Zip Code

**HAIR:** Color of hair

**EYE:** Color of eyes

**SOC No.:** Social Security Number (Optional, see Privacy Statement below)

5. The first part of the section is pre-printed. If resubmission, list Original ATI No.

If your fingerprints were rejected and this is a resubmission of your prints, enter the original ATI number provided on the reject notice to avoid paying an additional processing fee.

6. is pre-printed.

**B. CALL THE LIVE SCAN SITE TO MAKE AN APPOINTMENT**

7. Live Scan Transaction Completed by: The Live Scan Operator will complete this section and keep a copy of the form.

**It is important that you bring this form with you the day you are fingerprinted; the Live Scan Operator must complete 7. After you've had your fingerprints scanned, take a copy of the Live Scan Submission form along with the TrustLine Application form (TLR 2/TLR 4) and the appropriate fee and send or take it to the agency listed in 10 of the TrustLine Application.**

#### PRIVACY STATEMENT

Pursuant to the Federal Privacy Act (P.L. 93-579) and the Information Practices Act of 1977 (Civil Code section 1798 et seq.), notice is given for the request of the Social Security Number (SSN) on this form. The California Department of Justice uses a person's SSN as an identifying number. The requested SSN is voluntary. Failure to provide the SSN may delay the processing of this form and the criminal record check.

In order to be approved, licensed, work at, or be present at, a licensed facility, the law requires that you complete a criminal background check. (Health and Safety Code sections 1522, 1568.09, 1569.17 and 1596.871; Welfare and Institutions Code section 361.4). The licensing or approval agency will create a file concerning your criminal background check that will contain certain documents, including information that you provide. You have the right to access certain records containing your personal information maintained by the licensing or approval agency (Civil Code section 1798 et seq.). Under the California Public Records Act, the licensing or approval agency may have to provide copies of some of the records in the file to members of the public who ask for them, including newspaper and television reporters.