STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY — CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

REQUEST FOR LIVE SCAN SERVICE - COMMUNITY CARE LICENSING

Applicant Submission

1. ORI: **A0448**

2. Working Title: **Employee**

3. Authorized Applicant Type - **Adult Day/Resident/Rehab**

4. Agency Address Set Contributing Agency:

CA Dept of Social Services			**03502**
Agency authorized to receive criminal history information			Mail Code *(five-digit code assigned by DOJ)*
PO BOX 94244	**Mail Station T9-15-62**		**N/A**
Street No.	Street or PO Box		Contact Name *(Mandatory for all school submissions)*
Sacramento,	**CA**	**94244-2430**	**( ) N/A**
City	State	Zip Code	Contact Telephone No.

5. Applicant information:

Name of Applicant: (*Please Print*) **Orrego** (LAST) **Natalia** (FIRST) **N** (MI)

AKA's: (FIRST) (LAST)

CDL No. **F3246741**

DOB: **09/06/1995** SEX: **Female**

Misc No. **BIL -** (AGENCY BILLING NUMBER (*IF APPLICABLE*))

HT: **5'2"** WT: **310**

Misc No: (PERMANENT RESIDENT (I-551), OUT OF STATE DRIVER'S LICENSE OR I.D.)

EYE Color: **Brown** HAIR Color: **Brown**

Home Address: *(All applicants must complete)*

POB: **US: California**

12777 Fifth Ave (STREET OR PO BOX)

SOC: 605-86-7909 (See Privacy Statement on Page 4)

Victorville, CA 92395 (CITY, STATE AND ZIP CODE)

6. Facility/Organization Number: **198600410** Level Of Service ✓ DOJ ✓ FBI

If resubmission for fingerprint quality (select R2), list Original ATI No. _____

7. Employer: *(Additional response for Department of Social Services, DMV/CHP licensing, and Department of Corporations submissions only)*

CASA BONITA - 198600410

Employer Name

1756 West Road	**M.S. T9-15-62**		
Street No.	Street or PO BOX		Mail Code *(five digit code assigned by DOJ)*
La Habra Heights	**CA**	**90631**	**7267046**
City	State	Zip Code	Guardian Background Check ID

8.

Live Scan Transaction Completed By: THE UPS STORE #1578 13502 WHITTIER BLVD #H WHITTIER, CA 90605 225 Aaron Solis Name of Operator Date 05/16/24

F137ORIV435

Transmitting Agency LSID# ATI No. Amount Collected/Billed

Form Generation Date: 16/05/2024