

How to Complete Live Scan Form

IMPORTANT: The information in the top portion of your Live Scan form must be entered exactly as shown in the example below. You are responsible for verifying that it is correct, even if the Live Scan facility completes it for you. If this information is incorrect, the IHSS Public Authority may not receive your fingerprint results, and you will need to complete and pay for a new Live Scan.

Visual Example

The image below shows where the required information appears on the California Request for Live Scan Service form.

How to Complete LiveScan Form

⚠ IMPORTANT: The information in the top portion of your Live Scan form **must** be entered exactly as shown in the example below. You are responsible for verifying that it is correct, even if the Live Scan facility completes it for you. If this information is incorrect, the IHSS Public Authority may not receive your fingerprint results, and you will need to complete and pay for a new Live Scan.

	STATE OF CALIFORNIA BCIA 8016 (Rev. 03/2024)	Print Form	Reset Form	DEPARTMENT OF JUSTICE PAGE 1 of 4
REQUEST FOR LIVE SCAN SERVICE				
Applicant Submission				
A7414 ORI (Code assigned by DOJ)		Elder Care Authorized Applicant Type		
IHSS Provider Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)				
Contributing Agency Information:				
Sacramento County IHSS Public Authority Agency Authorized to Receive Criminal Record Information		00738 Mail Code (five-digit code assigned by DOJ)		
9300 Tech Center Dr., STE 100 Street Address or P.O. Box		IHSS PA Contact Name (mandatory for all school submissions)		
Sacramento City	CA State	95826 ZIP Code	(916)-874-2888 Contact Telephone Number	
Applicant Information:				



Phone: (916) 874-2888
pubauth.saccounty.gov
9300 Tech Center Drive Ste.100
Sacramento, CA 96826

Accessible Text Equivalent

Enter the following information exactly as shown:

Field	Enter This Value
ORI (Code assigned by DOJ)	A7414
Authorized Applicant Type	Elder Care
Type of License/Certification/Permit OR Working Title	IHSS Provider
Agency Authorized to Receive Criminal Record Information	Sacramento County IHSS Public Authority
Mail Code	00738
Street Address or P.O. Box	9300 Tech Center Dr., STE 100
Contact Name	IHSS PA
City	Sacramento
State	CA
ZIP Code	95826
Contact Telephone Number	(916)-874-2888

Before leaving the Live Scan facility: Verify that every field above is correct. Incorrect information may prevent the IHSS Public Authority from receiving your fingerprint results and may require you to pay for a new Live Scan.

IHSS Public Authority Contact Information

Phone: (916) 874-2888

Website: pubauth.saccounty.gov

9300 Tech Center Drive Ste.100

Sacramento, CA 96826