

Covered California Request for Live Scan Certified Enrollment Counselor Applicant Form



CONTRACT CODE: DFJK

Counselor Must Complete The Section Below (Print in CAPITAL LETTERS)

Applicant:

Last Name: _____ Date of Birth: _____
First Name: _____ Sex: _____
Middle Name: _____ Eye Color: _____
Suffix: _____ Hair Color: _____
Social Security Number: --
California Driver License: _____ Height: _____
Alias: _____ Weight: _____

Home Address:

Street Number: _____
Street Name: _____
Apt Number: _____
City: _____
State: _____ Zip: _____ - _____

OCA / Your Number: _____ - _____
Name of the Certified Enrollment Entity Certified Entity Enrollment Number

Live Scan Agency Name

Live Scan ID (LSID)

Date

Name of Operator

ATI Number

OATI (Resubmission Only)

Questions?

Regarding the Live Scan process, locations or appointments call: **877-288-5519**
(Monday through Saturday, 9:00 AM to 5:00 PM) or email at coveredca@capitalivescan.com
You may also visit the Web page at coveredcalivescan.com

Regarding Covered California Enrollment Assistance Program call: **888-402-0737**
(Monday through Friday, 8:00 AM - 5:00 PM) or email at assisterinfo@ccgrantsandassisters.org
You may also visit the Covered California Website at coveredca.com