REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

Code assigned by DOJ Job Title or Type of License, Certification or Permit: Agency Address Set Contributing Agency: Bureau of Security & Investigative Services Agency authorized to receive criminal history information P.O. BOX 989002 Street No. Street or P.O. Box West Sacramento CA 95798-9002 City State Zip Code Contact Name (Mandatory for all school submissions) West Sacramento CA 95798-9002 City State Zip Code Contact Telephone No. Name of Applicant: (please print) Last First Date of Birth: Sex: Male Female Height: Weight: Misc. No. BiL- Agency Billing Number (if applicable) Height: Female Female Place of Birth: Street or P.O. Box City, State and Zip Code City, State and Zip Code				
Agency Address Set Contributing Agency: Bureau of Security & Investigative Services Agency authorized to receive criminal history information P.O. BOX 989002 Street No. Street or P.O. Box West Sacramento CA 95798-9002 City State Zip Code Contact Name (Mandatory for all school submissions) Name of Applicant: (please print) Last First Date of Birth: Sex: Male Female Height: Weight: Hair Color: Home Address: Street or P.O. Box O6078 Mail Code (five digit code assigned by DOJ) Licensing Contact Name (Mandatory for all school submissions) Contact Name (Mandatory for all school submissions) Contact Telephone No. Driver's License No. Itast MI Driver's License No. Agency Billing Number (if applicable) Misc. No. BiL- Agency Billing Number (if applicable) Home Address: Street or P.O. Box Place of Birth: City, State and Zip Code				
Bureau of Security & Investigative Services Agency authorized to receive criminal history information P.O. BOX 989002 Street No. Street or P.O. Box Contact Name (Mandatory for all school submissions) West Sacramento CA 95798-9002 City State Zip Code Contact Telephone No. Name of Applicant: (please print) Last First MI Driver's License No. Last First Misc. No. BiL- N/A Agency Billing Number (if applicable) Height: Weight: Misc. No: Eye Color: Hair Color: Home Address: Place of Birth: Street or P.O. Box Place of Birth: City, State and Zip Code				
Agency authorized to receive criminal history information P.O. BOX 989002 Street No. Street or P.O. Box West Sacramento CA 95798-9002 City State Zip Code Contact Telephone No. Name of Applicant: (please print) Last First Date of Birth: Sex: Male Female Height: Weight: Misc. No. BIL- Agency Billing Number (if applicable) Height: Weight: Home Address: Street or P.O. Box Place of Birth: City, State and Zip Code				
Street No. Street or P.O. Box				
West Sacramento CA 95798-9002 (916) 322-4000 City State Zip Code Contact Telephone No. Name of Applicant: (please print) Last First Date of Birth: Sex: Male Female Misc. No. BIL- Agency Billing Number (if applicable) Height: Weight: Misc. No: Eye Color: Hair Color: Hair Color: Home Address: Street or P.O. Box Place of Birth: City, State and Zip Code				
Name of Applicant: (please print) Last First MI Alias: Last First Date of Birth: Sex: Male Female Height: Weight: Misc. No. Hair Color: Home Address: City, State and Zip Code Contact Telephone No. MI Contact Telephone No. MI Alias: MI Driver's License No. Misc. No. BIL- Agency Billing Number (if applicable) Street or P.O. Box Place of Birth: City, State and Zip Code				
Name of Applicant: (please print) Last First MI Alias: Last First Date of Birth: Sex: Male Female Misc. No. BIL- Agency Billing Number (if applicable) Height: Weight: Misc. No: Eye Color: Hair Color: Home Address: Street or P.O. Box Place of Birth: City, State and Zip Code				
Alias: Driver's License No. Date of Birth: Sex: Male Female Misc. No. BIL- Height: Weight: Misc. No. Hair Color: Home Address: Street or P.O. Box Place of Birth: City, State and Zip Code				
Alias: Last Driver's License No. Date of Birth: Sex: Male Female Misc. No. BIL- Agency Billing Number (if applicable) Height: Weight: Misc. No: Eye Color: Hair Color: Home Address: Street or P.O. Box Place of Birth: City, State and Zip Code				
Date of Birth: Sex: Male Female Misc. No. BIL- Height: Weight: Misc. No: Home Address: Street or P.O. Box Place of Birth: City, State and Zip Code				
Height: Weight: Misc. No: Eye Color: Hair Color: Home Address: Street or P.O. Box Place of Birth: City, State and Zip Code				
Height: Misc. No: Eye Color: Hair Color: Home Address: Street or P.O. Box Place of Birth: City, State and Zip Code				
Eye Color: Hair Color: Home Address: Street or P.O. Box Place of Birth: City, State and Zip Code				
Place of Birth: City, State and Zip Code				
Place of Birth: City, State and Zip Code				
City, State and Zip Code				
SOC: or ITIN:				
Your Number: Level of Service X DOJ X FBI				
OCA No. (Agency Identifying No.)				
If resubmission, list Original ATI No.				
Employer: (Additional response for agencies specified by statute)				
Employer Name				
Street No. Street or P.O. Box Mail Code (five digit code assigned by DOJ)				
()				
City State Zip Code Agency Telephone No. (optional)				
Live Scan Transaction Completed By: Date:				
Name of Operator				
Transmitting Agency ATI No. Amount Collected/Billed				

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI: A0522 Type of Application: Alarm Co Lic				
Code assigned by DOJ Job Title or Type of License, Certification or Permit:				
Agency Address Set Contributing Agency:	Sorvices		06078	
Bureau of Security & Investigative Agency authorized to receive criminal history inform		Mail Code (fiv	e digit code assigned by DOJ)	
P.O. BOX 989002		Licensing		
Street No. Street or P.O. Box West Sacramento CA 95798-9002		Contact Name (Mandatory for all school submissions) (916) 322-4000		
City State	Zip Code	Contact Teler	•	
Name of Applicant: (please print) Last	First		MI	
Alias:		Driver's License N	lo	
Last	First			
Date of Birth: Sex:	Male Female	Misc. No. BIL-	Agency Billing Number (if applicable)	
Height: Weight:		Misc. No:		
Eye Color: Hair Color	: 	Home Address:		
		_	Street or P.O. Box	
Place of Birth:			City, State and Zip Code	
SOC: or ITIN:		-		
Your Number:		Level of Service	X DOJ X FBI	
OCA No. (Agency Identifying No.)				
If resubmission, list Original ATI No.				
Employer: (Additional response for agencies spe	ecified by statute)			
Employer Name				
Employer Name				
Street No. Street or P.O. Box		Mail	Code (five digit code assigned by DOJ)	
City	7in Codo	() ncy Telephone No. (optional)	
City State	Zip Code	Age	псу тејернопе но. (ориона)	
Live Scan Transaction Completed By: Date:			Date:	
Name of Operator				
Transmitting Agency	ATI No.		Amount Collected/Billed	

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI: A0522 Type of Application: Alarm Co Lic Alarm Co Lic				
Job Title or Type of License, Certification or Permit:				
Agency Address Set Contributing Agency:				
Bureau of Security & Investigative Services	06078			
Agency authorized to receive criminal history information	Mail Code (five digit code assigned by DOJ)			
P.O. BOX 989002	Licensing			
Street No. Street or P.O. Box	Contact Name (Mandatory for all school submissions)			
West Sacramento CA 95798-9002	(916) 322-4000			
City State Zip Code	Contact Telephone No.			
Name of Applicant: (please print) Last First	MI			
Aller	Driverda Licensea Nie			
Alias: Last First	Driver's License No.			
Date of Birth: Sex: Male Female	Misc. No. BIL- N /A			
	Agency Billing Number (if applicable)			
Height: Weight:	Misc. No:			
Eye Color: Hair Color:	Home Address: Street or P.O. Box			
Disease of District				
Place of Birth:	City, State and Zip Code			
SOC: or ITIN:	_			
Your Number: OCA No. (Agency Identifying No.)	Level of Service X DOJ X FBI			
If resubmission, list Original ATI No.				
Employer: (Additional response for agencies specified by statute)				
Employer Name				
Street No. Street or P.O. Box	Mail Code (five digit code assigned by DOJ)			
	()			
City State Zip Code	Agency Telephone No. (optional)			
Live Scan Transaction Completed By: Name of Operator Date:				
ramo o oporato				
Transmitting Agency ATI No.	Amount Collected/Billed			