

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI: _____

Type of Application: License, Certification, Permit

Code assigned by DOJ

Type of License or Certification :

Psychologist

Psychological Assistant

Registered Psychologist

Agency Address Set Contributing Agency:

BOARD OF PSYCHOLOGY

Agency authorized to receive criminal history information

Mail Code (five-digit code assigned by DOJ)

Street No.

Street or PO Box

Contact Name (Mandatory for all school submissions)

City

State

Zip Code

()

Contact Telephone No.

Name of Applicant: _____

(Please print)

Last

First

MI

AKA's: _____

Last

First

DOB: _____

SEX:

Male

Female

Misc. No. _____

Agency Billing Number (if applicable)

HT: _____

WT: _____

Misc. No. _____

EYE Color: _____

HAIR Color: _____

Home Address: (Applies only if Youth Org/HRA or Public Utility submission)

Street or PO Box

SOC: _____

City, State and Zip Code

Your Number: _____

OCA No. (Agency Identifying No.)

Level of Service

DOJ

FBI

If resubmission, list Original ATI No. _____

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

Employer Name

Street No.

Street or PO 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 _____

Transmitting Agency

ATI No.

Amount Collected/Billed

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(Please print) Last First MI

AKA's: _____
Last First

DOB: _____ SEX: Male Female Misc. No. _____
Agency Billing Number (if applicable)

HT: _____ WT: _____ Misc. No. _____

EYE Color: _____ HAIR Color: _____ Home Address: (Applies only if Youth Org/HRA or Public Utility submission)
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