## **REQUEST FOR LIVE SCAN SERVICE**

**Applicant Submission** 

ORI:	Type of Application: License, Certification, Permit							
Code assigned by DOJ  Type of License or Certification:  Psyc	hologist Ps	ychological Assista	nt Registered Psychologist					
Agency Address Set Contributing Agency: BOARD OF PSYCHOLOGY								
Agency authorized to receive criminal history information	ı	Mail Code (f	ive-digit code assigned by DOJ)					
Street No. Street or PO Box		Contact Nar	ne (Mandatory for all school submissions)					
City State	Zip Code	( )	act Telephone No.					
Name of Applicant:		First	MI					
AKA's:	First	FIISL	IVII					
		Misc. No.	y 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.)  If resubmission, list Original ATI No.		of Service DOJ	FBI					
Employer: (Additional response for Department of	or Social Services, Divivic		ment of Corporations Submissions only)					
Employer Name								
Street No. Street or PO Box		Mail C	ode (five digit code assigned by DOJ)					
City State	Zip Code	(	) y Telephone No. (Optional)					
Live Scan Transaction Completed By:	Name of Operator		Date					
Transmitting Agency	ATI No.		Amount Collected/Billed					

## **REQUEST FOR LIVE SCAN SERVICE**

**Applicant Submission** 

ORI:	Type of Application:		License, Certification, Permit		
Code assigned by DOJ  Type of License or Certification:	Psychologist	Psychologi	cal Assistant	Registered Psychologist	
Agency Address Set Contributing Age	ncy:				
Agency authorized to receive criminal history in	nformation		Mail Code (five-digit cod	de assigned by DOJ)	
Street No. Street or PO Box			Contact Name (Mandato	ory for all school submissions)	
City	State Zip (	Code (	) Contact Telephor	ne No.	
Name of Applicant:		Firs	t	MI	
AKA's:	First	_		-	
DOB: SEX:	Male Female	Misc. No	Agency Billing Nur	nber (if applicable)	
HT: WT:		Misc. No			
EYE Color: — HAIR Col	or:	Home Addr	'ess: (Applies only if You	uth Org/HRA or Public Utility submission)	
		Street or PC	) Box		
SOC:	_	City	, State and Zip Code		
Your Number: OCA No. (Agency Identifying		Level of Service	DOJ 🗌	FBI 🗌	
If resubmission, list Original ATI No		Level of Service	DO3		
Employer: (Additional response for Dep	artment of Social Services, [	DMV/CHP licensing,	, and Department of Co	orporations submissions only)	
Employer Name					
Street No. Street or PO Box				git code assigned by DOJ)	
City State	Zip (	Code	_( ) Agency Telephone	No. (Optional)	
Live Scan Transaction Completed By:	Name of Operat	tor	Date		
Transmitting Agency	ATII	No.		Amount Collected/Billed	

## **REQUEST FOR LIVE SCAN SERVICE**

**Applicant Submission** 

ORI:	Type of i	Application:	License, Certificati	icense, Certification, Permit			
Code assigned by DOJ  Type of License or Certification:	Psychologist	Psychologic	cal Assistant	Registered Psychologist			
Agency Address Set Contributing Agen	ncy:						
Agency authorized to receive criminal history in	nformation		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:		First		MI			
AKA's:	First	_					
DOB: SEX:	Male Female	Misc. No	Agency Billing Numb	per (if applicable)			
HT: WT:		Misc. No					
EYE Color: — HAIR Colo	or:	Home Addre	<b>ESS:</b> (Applies only if Youth	n Org/HRA or Public Utility submission)			
		Street or PO	Вох				
SOC:		City,	State and Zip Code				
Your Number:  OCA No. (Agency Identifying			. 🖂				
If resubmission, list Original ATI No		Level of Service	DOJ 🔲 I	FBI L			
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				code assigned by DOJ)			
City State	Zip	o Code	Agency Telephone N	lo. (Optional)			
Live Scan Transaction Completed By:	Name of Opera	ator	Date				
		I No.		Amount Collected/Billed			