REQUEST FOR LIVE SCAN SERVICE Applicant Submission

ORI: AO434 Type of Application: License, Certification, Permit Job Title or Type of License, Certification or Permit: Doctor of Podiatric Medicine		
Agency Address Set Contributing Agency: Board of Podiatric Medicine	03802	
Agency authorized to receive criminal history information	Mail Code (five digit code assigned by DOJ)	
2005 Evergreen Street, Suite 1300	Kia-Maria Zamora	
Street No. Street or P.O. Box	Contact Name (Mandatory for all school submissions)	
SacramentoCA95815CityStateZip Code	(916) 263-2649 Contact Telephone No.	
Name of Applicant: (please print) Last First	MI	
Alias:Last First	Driver's License No.	
Date of Birth: Sex: Male Female	Misc. No. BIL- BIL - 100026 Agency Billing Number (if applicable)	
Height: Weight:	Misc. No:	
Eye Color: Hair Color:	Home Address: N/A	
Place of Birth:	N/A	
SOC#	City, State and Zip Code	
Your Number: BPM A0434 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)		
N/A		
Employer Name	—	
N/A	N/A Mail Cada (fina diviti and passionad by DO I)	
Street No. Street or P.O. Box	Mail Code (five digit code assigned by DOJ)	
N/A City State Zip Code	(N/A Agency Telephone No. (optional)	
Live Scan Transaction Completed By:	Date:	
Transmitting Agency ATI No.	Amount Collected/Billed	

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REQUEST FOR LIVE SCAN SERVICE Applicant Submission

ORI: A0434 Code assigned by DOJ Type of Application: License, Certification, Permit Job Title or Type of License, Certification or Permit: Doctor of Podiatric Medicine		
Agency Address Set Contributing Agency: Board of Podiatric Medicine Agency authorized to receive criminal history information 2005 Evergreen Street, Suite 1300 Street No. Street or P.O. Box	03802 Mail Code (five digit code assigned by DOJ) Kia-Maria Zamora Contact Name (Mandatory for all school submissions)	
SacramentoCA95815CityStateZip Code	(916) 263-2649 Contact Telephone No.	
Name of Applicant:	Home Address: N/A Street or P.O. Box N/A City, State and Zip Code	
Your Number: BPM A0434 OCA No. (Agency Identifying No.) If resubmission, list Original ATI No.	Level of Service X DOJ X FBI	
Employer: (Additional response for agencies specified by statute) N/A Employer Name N/A Street No. Street or P.O. Box N/A City State Zip Code	N/A Mail Code (five digit code assigned by DOJ) () N/A Agency Telephone No. (optional)	
Live Scan Transaction Completed By:	Date:	
Transmitting Agency ATI No.	Amount Collected/Billed	

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Date of Birth: Sex: Male Female	Misc. No. BIL- BIL - 100026 Agency Billing Number (if applicable)	
Height: Weight:	Misc. No:	
Eye Color: Hair Color:	Home Address: N/A Street or P.O. Box	
Place of Birth:	City, State and Zip Code	
Your Number: BPM A0434 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) N/A		
Employer Name N/A	N/A	
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