## **REQUEST FOR LIVE SCAN SERVICE**

Applicant Submission
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ORI: A0522 Type of Application: Private Patrol Opr/Per				
Job Title or Type of License, Certification	or Permit:			
Agency Address Set Contributing Agency	/:			
Bureau of Security & Investigativ		_	06078	
Agency authorized to receive criminal history info	ormation	Mail Code (five	e digit code assigned by DOJ)	
P.O. BOX 989002 Street No. Street or P.O. Box		Contact Name	Licensing (Mandatory for all school submissions)	
West Sacramento CA	95798-9002		916) 322-4000	
City State	Zip Code	Contact Telep	,	
Name of Applicant: (please print) Last	First		MI	
		Driverte Lieenee N		
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 Co	lor:	Home Address:	Street or P.O. Box	
Diago of Distric				
Place of Birth:			City, State and Zip Code	
SOC or ITIN:		_		
Your Number: OCA No. (Agency Identify	ing No.)	Level of Service	X DOJ X FBI	
If resubmission, list Original ATI No.				
Employer: (Additional response for agencies s	specified by statute)			
Employer Name				
Street No. Street or P.O. Bo	x	Mail	Code (five digit code assigned by DOJ)	
		( )		
City State	Zip Code	Ager	ncy Telephone No. (optional)	
Live Scan Transaction Completed By: Date:				
Transmitting Agency	ATI No.		Amount Collected/Billed	

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	5798-9002		916) 322-4000	
	o Code	Contact Telep		
Name of Applicant: (please print) Last	First		MI	
Alias: Last Fin	st	Driver's License No	<u> </u>	
Date of Birth: Sex:	lale 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	
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	
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West Sacramento CA	95798-9002		916) 322-4000	
City State	Zip Code	Contact Telep	,	
Name of Applicant: (please print) Last	First		MI	
Alias:	First	_ Driver's License No	0	
Date of Birth: Sex:	Male Female	Misc. No. BIL-	N/A	
L			Agency Billing Number (if applicable)	
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