REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI: A0522 Type of Application: Code assigned by DOJ Job Title or Type of License, Certification or Permit:	Priv Investigator w/Fire
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
Alias:	Driver's License No.
Last First	male Misc. No. BIL- V A
Date of Birth: Sex: Male Fer	male 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:	
- Lace of Birth.	City, State and Zip Code
SOC:	
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 Coo	de Agency Telephone No. (optional)
Live Scan Transaction Completed By: Name of Operator	Date:
Transmitting Agency ATI No.	Amount Collected/Billed

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ORI: A0522 Typ	oe of Application: Priv In	nvestigator w/Fire	
Job Title or Type of License, Certifica	tion or Permit:		
Agency Address Set Contributing Age	ency:		
Bureau of Security & Investiga	•	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	-
Alias:		Driver's License No.	
Last	First	DIVELS LICENSE INC.	-
Date of Birth: Sex	x: Male Female	Misc. No. BIL- N/A	_
	<u> </u>	Agency Billing Number (if applicable)	_
Height: We	ight:	Misc. No:	-
Eye Color: Hair	Color:	Home Address:	
		Street or P.O. Box	-
Place of Birth:			_
SOC:		City, State and Zip Code	
		_	
Your Number:		Level of Service X DOJ X FBI	
OCA No. (Agency Iden	ntifying No.)		
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Employer: (Additional response for agenci	ies specified by statute)		
Employer. (Additional response for agenci	ics 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:	-
Transmitting Agency	ATI No.	Amount Collected/Billed	-

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Applicant Submission

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Job Title or Type of License, Certific	cation or Permit:		
Agency Address Set Contributing A	gency:		
Bureau of Security & Investi		06078	
Agency authorized to receive criminal history	ory information	Mail Code (five digit code assigned by DOJ)	
P.O. BOX 989002		Licensing	
Street No. Street or P.O. Box	05700 0000	Contact Name (Mandatory for all school submissions)	
West Sacramento CA City State	95798-9002 Zip Code	(916) 322-4000 Contact Telephone No.	
Oity Oitale	Σιρ σουσ	Contact receptions (4).	
Name of Applicant:			
(please print) Last	First	MI	
Alias:		Driver's License No.	
Last	First		
Date of Birth:	Sex: Male Female	Misc. No. BIL- N/A	
	<u> </u>	Agency Billing Number (if applicable	e)
Height: V	Veight:	Misc. No:	
Eye Color: Ha	air Color:	Home Address:	
116		Street or P.O. Box	
Place of Birth:			
		City, State and Zip Code	
SOC:		-	
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Employer: (Additional response for age	ncies 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)	
- Signature - Sign	2ip 0000	Agency Telephone (40. (optional)	
Live Seen Transaction Completed F	200	Data	
Live Scan Transaction Completed E	Name of Operator	Date:	
Transmitting Agency	ATI No.	Amount Collected/Billed	