## REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

	71 11					
Code assigned by DOJ  Job Title or Type of License, Certification or Permit:						
Agency Address Set Contributing Agency:						
Bureau of Security & Invest	•	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 City State	95798-9002 Zip Code	(916) 322-4000  Contact Telephone No.				
Oily State	Zip Code	Contact Telephone No.				
Name of Applicant:						
(please print) Last	First	MI				
Alias:		Driver's License No.				
Last	First					
Date of Birth:	Sex: Male Female	Misc. No. <b>BIL-</b> N/A				
		Agency Billing Number (if applicable)				
Height:	Weight:	Misc. No:				
Eye Color: H	air 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	dentifying No.)					
If resubmission, list Original ATI No.						
Employer: (Additional response for agencies specified by statute)						
Employer. (Additional response for age	nicles specified by statute)					
Employer Name		<u></u>				
,						
Street No. Street or F	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				

## **REQUEST FOR LIVE SCAN SERVICE**

Applicant Submission

ORI: A0522						
Code assigned by DOJ  Job Title or Type of License, Certification or Permit:						
THE OF TYPE OF LICENSES, CO. I.						
Agency Address Set Contributing	• ,					
Bureau of Security & Inves Agency authorized to receive criminal his	tigative Services	06078				
P.O. BOX 989002	Story information	Mail Code (five digit code assigned by DOJ)  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	Dilvers dicense inc.				
Date of Birth:	Sex: Male Female	Misc. No. BIL-  Agency Billing Number (if applicable)				
Height:	Weight:	Misc. No:				
		<del></del>				
Eye Color: H	Hair Color:	Home Address: Street or P.O. Box				
Place of Birth:						
		City, State and Zip Code				
SOC:						
Your Number:		Level of Service X DOJ X FBI				
OCA No. (Agency	ldentifying No.)					
If resubmission, list Original ATI No.						
Employer: (Additional response for ag	Employer: (Additional response for agencies specified by statute)					
Employer Name		<del></del>				
Character Character	B 0 B	Mail Co. In (first light and a parismed by DO I)				
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: Date:						
Name of Operator						
Transmitting Agency	ATI No.	Amount Collected/Billed				

## REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI: A0522	71 11					
Code assigned by DOJ  Job Title or Type of License, Certification or Permit:						
The of Type of License, Cert						
Agency Address Set Contributing Agency:						
Bureau of Security & Investigative Services  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 Telep	hone No.			
Name of Applicant: (please print)  Last	First		MI			
Alias:		Driver's License N	0.			
Last	First	-				
Date of Birth:	Sex: Male Female	Misc. No. BIL-	N/A			
Height:	Weight:	Misc. No:	Agency Billing Number (if applicable)			
——————————————————————————————————————	vveigni	- IVIISC. INO				
Eye Color: H	Hair Color:	Home Address:				
			Street or P.O. Box			
Place 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 ag	encies specified by statute)					
Employer Name						
Street No. Street or	P.O. Box	Mail	Code (five digit code assigned by DOJ)			
		( )	)			
City State	Zip Code	Agei	ncy Telephone No. (optional)			
Live Seen Transaction Completed By:						
Live Scan Transaction Completed By:  Name of Operator  Date:						
Transmitting Agency	ATI No.		Amount Collected/Billed			
Hansilituing Agency	ATTNO.		AITIOUTIL COIIECIEU/DIIIEU			