REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI: A0522 Type of Application: Prop Sec Off 7583.9					
Code assigned by DOJ Job Title or Type of License, Certification or Permit:					
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)			
	95798-9002 Zip Code	(916) 322-400 Contact Telephone No.	00		
City State	ZIP Code	Contact Telephone No.			
Name of Applicant:	-				
(please print) Last	First	M			
Alias:	First	Driver's License No.			
<u> </u>		N1/A			
Date of Birth: Sex:	Male Female	Misc. No. BIL- Agency Billing	Number (if applicable)		
Height: Weight:		Misc. No:			
Eye Color: Hair Color:		Home Address:			
		Street or P.C). B0X		
Place of Birth:		City, State and Zip	Code		
SOC or ITIN:					
Your Number:		Level of Service X DOJ	X FBI		
OCA No. (Agency Identifying	No.)				
If resubmission, list Original ATI No.					
Employer: (Additional response for agencies spec	cified by statute)				
Employer Name		_			
Street No. Street or P.O. Box		Mail Code (five digit cod	le assigned by DOJ)		
City State	Zip Code	Agency Telephone No. ((antional)		
City State	Zip Code	Agency relephone No. (οριιοπαι)		
Live Scan Transaction Completed By: Date:					
Name of Operator					
Transmitting Agency	ATI No.	Amoun	t Collected/Billed		

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Street No. Street or P.O. Box		Contact Name (Mandatory for all school submissions)			
	95798-9002	(916) 322-4000			
City State Z	Zip Code	Contact Telephone No.			
Name of Applicant:					
(please print) Last	First	MI			
Alias:		Driver's License No.			
	First				
Date of Birth: Sex:	Vlale Female	Misc. No. BIL- Agency Billing Number (if applicable)			
Height: Weight:		Misc. No:			
		- MIGG. 14G.			
Eye Color: Hair Color:		Home Address: Street or P.O. Box			
		Street of 1.0. box			
Place of Birth:		City, State and Zip Code			
SOC or ITIN:		-			
Your Number:		Level of Service X DOJ X FBI			
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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)			
Line Once Transporting Occupied By					
Live Scan Transaction Completed By: Name of Operator Date:					
Transmitting Agency	ATI No.	Amount Collected/Billed			

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Applicant Submission

Agency Address Set Contributing Agency: Bureau of Security & Investigative Services Agency authorized to receive criminal history information Fo. BOX 989002 Street or P.O. Box West Sacramento CA 95798-9002 Cy State Zp Code Contact Name (Manchatory for all school submissions) West Sacramento CA 95798-9002 Cy State Zp Code Contact Telephone No. Contact Telephone No. Mil Alias: Leat First Date of Birth: Sex: Mele Female Misc. No: Eye Color: Hair Color: Home Address: Street or P.O. Box Place of Birth: SOC or ITIN: Your Number: OCA No: (Agency Identifying No.) If resubmission, list Original ATI No. Employer: (Additional response for agencies specified by statute) Employer: (Additional response for agencies specified by statute) Employer: (Additional response for agencies specified by statute) Live Scan Transaction Completed By: Name of Operator ATI No. Amount Collected#Billed Amount Collected#Billed	ORI: A0522 Type of Application: Prop Sec Off 7583.9 Job Title or Type of License, Certification or Permit:					
Agency authorized to receive criminal history information Agency authorized to receive criminal history information Agency authorized to receive criminal history information P.O. BOX 989002 Street No. Street or P.O. Box West Sacramento CA 95798-9002 City State Zip Code Contact Name (Mandatory for all school submissions) West Sacramento CA 95798-9002 (916) 322-4000 Contact Telephone No. Name of Applicant: (please print) Last First Date of Birth: Soc Male Female Height: Weight: Height: Weight: Home Address: Street or P.O. Box Place of Birth: Your Number: OCA No. (Agency Identifying No.) If resubmission, list Original ATI No. Employer: (Additional response for agencies specified by statute) Employer: (Additional response for Agency Identifying No.) If vesual to the digit code assigned by DOJ) (Agency Identifying No.) Name of Operator Name of Operator Name of Operator Name of Operator						
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Alias:	City State Zip Cod	е	Contact Telepho	one No.		
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