REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

	ype of Application: Repo	pplication: Repossessor				
Code assigned by DOJ Job Title or Type of License, Certific	cation or Permit:		_			
Agency Address Set Contributing Agency:						
Bureau of Security & Investi	-	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	(916) 322-4000 Contact Telephone No.				
City State	Zip Code	Contact Telephone No.				
Name of Applicant:						
(please print) Last	First	MI				
Alias:		Driver's License No.				
Last	First					
Date of Birth: S	ex: Male Female	Misc. No. BIL- N/A				
	<u> </u>	Agency Billing Number (if applicable)				
Height: V	Veight:	Misc. No:				
Eye Color: Ha	air Color:	Home Address:				
		Street or P.O. Box				
Place of Birth:						
SOC or ITIN:		City, State and Zip Code				
-		_				
Your Number:		Level of Service X DOJ X FBI				
OCA No. (Agency lo	dentifying No.)					
If resubmission, list Original ATI No.						
Employer: (Additional response for agencies specified by statute)						
Employer. (Additional response for agen	lolos opcomod by statuto,					
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				

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI: A0522	Type of Application: Repossessor					
Code assigned by DOJ Job Title or Type of License, Certi	fication or Permit:					
Agency Address Set Contributing Agency:						
Bureau of Security & Inves	• •	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 Contact Telephone No.				
City 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. BIL- N/A				
	<u> </u>	Agency Billing Number (if applicable)				
Height:	Weight:	Misc. No:				
Eye Color:	Hair Color:	Home Address:				
		Street or P.O. Box				
Place of Birth:						
SOC or ITIN:		City, State and Zip Code				
900 or 11114.						
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 specified by statute)						
Employer. (Additional response for ag	encies specified by statute)					
Employer Name		<u></u>				
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				

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

	of Application: Rep	ation: Repossessor				
Code assigned by DOJ Job Title or Type of License, Certification or Permit:						
- This of Type of Electrica, Column and Colu						
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 City State	95798-9002 Zip Code	,	(916) 322-4000 Contact Telephone No.			
	<u>`</u>					
Name of Applicant: (please print) Last	First		MI			
		Driver's License N				
Alias: Last	First	Driver's License in	0.			
Date of Birth: Sex:	Male Female	Misc. No. BIL-	Agency Billing Number (if applicable)			
Height: Weigh	t:	Misc. No:	Agency billing Number (ii applicable)			
	den.					
Eye Color: Hair Co	DIOT:	Home Address:	Street or P.O. Box			
Place of Birth:						
SOC or ITIN:			City, State and Zip Code			
Your Number: OCA No. (Agency Identify	ving 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. Bo	X	Mail	Code (five digit code assigned by DOJ)			
City State	Zip Code) ncy Telephone No. (optional)			
Live Scan Transaction Completed By: Name of Operator Date:						
Transmitting Agency	ATI No.		Amount Collected/Billed			