REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI: A0522 Type of Applic	lication: Training Instructor						
Job Title or Type of License, Certification or Per	mit:						
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 957 City State Zip C	798-9002	(916) 322-4000 Contact Telephone No.					
Ony State Zip C		Contact receptore No.					
Name of Applicant:							
(please print) Last	First	MI					
Alias: Last First		Driver's License No.					
Date of Birth: Sex: Mal	le 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:		<u>-</u>					
Your Number:		Level of Service X DOJ X FBI					
OCA No. (Agency Identifying No.)		LEVELOI GELVICE X DOG					
If resubmission, list Original ATI No.							
Employer: (Additional response for agencies specified by statute)							
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Employer Name							
Street No. Street or P.O. Box		Mail Code (five digit code assigned by DOJ)					
Sileet No. Sileet OF F.O. Box		()					
City State	Zip Code	Agency Telephone No. (optional)					
Live Scan Transaction Completed By: Date:							
Name of Operator							
Transmitting Agency	ATI No.	Amount Collected/Billed					

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Agency authorized to receive criminal history information		Mail Code (five digit code assigned by DOJ)					
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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.	_				
C.y	p 0000	os.i.ad. rospilore ita					
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Last	First						
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Height: Weig	ynı: 	Misc. No:	_				
Eye Color: Hair C	Color:	Home Address:	_				
		Street or P.O. Box	_				
Place of Birth:		City, State and Zip Code	_ ,				
SOC or ITIN:		City, State and Zip Code					
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Live Scan Transaction Completed By: Name of Operator Date:						
Transmitting Agency	ATI No.		Amount Collected/Billed			
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