

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

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|--|--|
| ORI: <u>A0522</u> Code assigned by DOJ | Type of Application: <u>Private Patrol Opr/Per</u> |
| Job Title or Type of License, Certification or Permit: _____ | |

| | | |
|---|--|---|
| Agency Address Set Contributing Agency: Bureau of Security & Investigative Services | | <u>06078</u> Mail Code (five digit code assigned by DOJ) |
| Agency authorized to receive criminal history information | | <u>Licensing</u> Contact Name (Mandatory for all school submissions) |
| <u>P.O. BOX 989002</u> Street No. Street or P.O. Box | <u>95798-9002</u> City State Zip Code | <u>(916) 322-4000</u> Contact Telephone No. |
| <u>West Sacramento CA</u> City State | <u>95798-9002</u> Zip Code | |

| | | |
|---|---|--|
| Name of Applicant: (please print) _____ Last First MI | | |
| Alias: _____ Last First | Driver's License No. _____ | |
| Date of Birth: _____ Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female | Misc. No. BIL- <u>N/A</u> 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: _____ | | |

| | |
|--|--|
| Your Number: _____ OCA No. (Agency Identifying No.) | Level of Service <input checked="" type="checkbox"/> DOJ <input checked="" type="checkbox"/> 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 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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| Eye Color: _____ Hair Color: _____ | Home Address: _____ Street or P.O. Box | |
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