

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI: <u>A0522</u> Code assigned by DOJ	Type of Application: <u>Locksmith</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	<u>(916) 322-4000</u> Contact Telephone No.

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 _____

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI: <u>A0522</u> Code assigned by DOJ	Type of Application: <u>Locksmith</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	<u>(916) 322-4000</u> Contact Telephone No.

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 _____

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI: A0522 Type of Application: Locksmith
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)
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
Date of Birth: _____ Sex: Male 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: _____

Your Number: _____ Level of Service DOJ FBI
OCA No. (Agency Identifying No.)
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: _____ Date: _____
Name of Operator
Transmitting Agency _____ ATI No. _____ Amount Collected/Billed