

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI: <u>A0522</u> Code assigned by DOJ	Type of Application: <u>Training Instructor</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>Training Instructor</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>Training Instructor</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 _____