

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI: <u>A0522</u>	Type of Application: <u>Security Guard</u>
Code assigned by DOJ	
Job Title or Type of License, Certification or Permit: _____	

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