



Dental Board of California
2005 Evergreen Street, Suite 1550, Sacramento, California 95815
P (916) 263-2300 | F (916) 263-2140 | www.dbc.ca.gov



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

Form containing fields for ORI (A0023), Type of Application (License, Certification, Permit, Volunteer), Agency Address (DENTAL BOARD OF CALIFORNIA), Applicant Name, DOB, HT, POB, SOC, Your Number (DSA), OCA No., Level Of Service (DOJ, FBI), Employer Name, Street No., City, State, Zip Code, Live Scan Transaction Completed By, Date, Transmitting Agency, ATI No., Amount Collected/Billed.