



## REQUEST FOR LIVE SCAN SERVICE

### Applicant Submission

ORI: <u>A0023</u> Type of Application: (check one) <input type="checkbox"/> Employment <input checked="" type="checkbox"/> License, Certification, Permit <input type="checkbox"/> Volunteer			
Code assigned by DOJ			
Job Title or Type of License, Certification or Permit: <u>Orthodontic Assistant</u>			
Agency Address Set Contributing Agency: <u>DENTAL BOARD OF CALIFORNIA</u>			
Agency authorized to receive criminal history <u>2005 Evergreen Street, Suite 1550</u>		Mail Code (five-digit assigned by DOJ) <u>06129</u>	
Street No. _____ Street or PO Box _____		Contact Name (Mandatory for all school submissions) <u>EXAMINATION UNIT</u>	
<u>Sacramento, CA 95815</u>		<u>(916) 263-2300</u>	
City _____	State _____	Zip Code _____	Contact Telephone No. _____
Name of Applicant: (Please Print)			
Last _____		First _____	MI _____
AKA's _____			
DOB: _____	WT: _____	CDL No. _____	
HT: _____		Misc. No. <u>BIL – APPLICANT TO PAY</u>	
HAIR color: _____		Agency Billing Number (if applicable)	
POB: _____		Home Address: (Applies only if Youth Org/HRA or Public Utility submission)	
SOC: _____		Street or PO Box _____	
		City, State and Zip Code _____	
Your Number: <u>OA</u>			
OCA No. (Agency Identifying No.) _____			
Level Of Service DOJ <input checked="" type="checkbox"/> FBI <input checked="" type="checkbox"/>			
If resubmission, list Original ATI No. _____			
Employer: (Additional response for Department of Social Services, DMV/CHP licensing, and Department of Corporations submissions only)			
Employer Name _____			
Street No. _____		Street or PO Box _____	
City _____		Mail Code (five digit code assigned by DOJ) _____	
State _____		Agency Telephone No. (Optional) _____	
Zip Code _____			
Live Scan Transaction Completed By: _____ Date _____			
Name of Operator _____			
Transmitting Agency _____		ATI No. _____	
		Amount Collected/Billed _____	