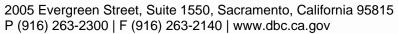


STATE AND CONSUMER SERVICES AGENCY . GOVERNOR EDMUND G. BROWN JR.

Dental Board of California





REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI: A0023 Type of Application: (check one) ☐ Employment ☐ License, Certification, Permit ☐ Volunteer							
Code assigned by DOJ Job Title or Type of License, Certification or Permit: Orth					Orthodontic Assistant		
Ottilodoffic Assistant							
Agency Address Set Contributing Agency:							
DENTAL BOARD OF CALIFORNIA				06129			
Agency authorized to receive criminal history				Mail Code (five-digit assigned by DOJ)			
2005 Evergreen Street, Suite 1550				EXAMINATION UNIT			
Street No. Street or PO Box				Contact Name (Mandatory for all school submissions)			
Sacramento, CA 95815 City State Zip Code				(916) 263-2300 Contact Telephone No.			
City		State	Zip Code	Contac	t releptione ivo.		
Name of Applicant:							
(Please P	• •				First MI		
AKA's	2001			CDL No.			
	Last First						
DOB:	HAIR color:		Misc. No. BIL – APPLICANT TO PAY				
			Agency Billing Number (if applicable) Home Address: (Applies only if Youth Org/HRA or Public Utility				
HT:			submission)				
				,			
POB:	DB:				Street or PO Box		
SOC:				City, State and Zip Code			
Your Number: OA							
OCA No. (Agency Identifying No.) Level Of Service DOJ⊠ FBI⊠							
If resubmission, list Original ATI No.							
Tresubilitission, list Original ATT 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			X	Mail Code (five digit code assigned by	DOJ)		
City State Zip		- Codo	Agency Telephone No. (Optional)				
City		State	کا ا	o Code	Agency relephone No. (Optional)		
Live Scan Transaction Completed By:					Date		
Name of Operator							
Transmitting Agency ATI No.				Amount Collected/Billed			
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