

REQUEST FOR LIVE SCAN SERVICE  
Applicant Submission



ORI: A0040 Type of Application: LICENSE CERT OR PERMIT  
Code assigned by DOJ  
Job Title or Type of License, Certification or Permit: Commercial Modular Salesperson  
SEE BACKSIDE FOR LIST OF APPLICABLE HCD APPLICATION TYPES

Agency Address Set Contributing Agency:  
Calif. Dept. of Housing & Community Development 01059  
Agency authorized to receive criminal history information Mail Code (five digit code assigned by DOJ)  
P.O. BOX 278690 Occupational Licensing Staff  
Street No. Street or P.O. Box Contact Name (Mandatory for all school submissions)  
Sacramento CA 95827-8690 (800) 952-8356  
City State Zip Code Contact Telephone No.

Name of Applicant: \_\_\_\_\_  
(Please print) Last First MI  
Alias: \_\_\_\_\_ Driver's License No. \_\_\_\_\_  
Last First  
Date of Birth: \_\_\_\_\_ Sex  Male  Female Misc. No. BIL - 100104  
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 Zip Code  
SSN: \_\_\_\_\_

Your Number: NA Level of Service  DOJ  FBI  
OCA No. (Agency Identifying No.)  
If resubmission, list Original ATI No. \_\_\_\_\_

Employer: (Additional response for agencies specified by statute)  
NA  
Employer Name \_\_\_\_\_  
\_\_\_\_\_ 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