

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: **Distributor**
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 31 **Occupational Licensing Staff**
Street No. Street or P.O. Box Contact Name (Mandatory for all school submissions)
 Sacramento **CA** **95812-0031** **(916) 323-9803**
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 _____
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 _____