

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 Dealer**    
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 \_\_\_\_\_  
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 \_\_\_\_\_

NOTE: Illegible, incomplete, or incorrect information may result in processing delays or the denial of your application.