

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: Manufactured Home Manufacturer
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.