Office of the Attorney General — liberty and justice under law — California Department of Justice

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

A0040
ORI (Code assigned by DOJ)

HCD License CHSC 18050
Authorized Applicant Type

Manufacturer
Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

Contributing Agency Information:

Calif. Dept of Housing & Community Development
Agency Authorized to Receive Criminal Record Information

01059
Mail Code (five-digit code assigned by DOJ)

P.O. Box 278690
Street Address or P.O. Box

Occupational Licensing Staff
Contact Name (mandatory for all school submissions)

Sacramento   **CA**   **95827**
City   State   ZIP Code

(800) 952-8356
Contact Telephone Number

Applicant Information:

Last Name

First Name   Middle Initial   Suffix

Other Name: (AKA or Alias)

Last Name

First Name   Suffix

Sex ☐ Male ☐ Female ☐ Nonbinary/Unspecified

Date of Birth

Driver's License Number

Height   Weight   Eye Color   Hair Color

Billing Number   **100104**
(Agency Billing Number)

Place of Birth (State or Country)   Social Security Number

Misc. Number
(Other Identification Number)

Home Address   Street Address or P.O. Box   City   State   ZIP Code

I have received and read the included Privacy Notice, Privacy Act Statement, and Applicant's Privacy Rights.

Applicant Signature   Date

Your Number: **N/A**
OCA Number (Agency Identifying Number)

Level of Service: ☒ DOJ   ☒ FBI
(If the Level of Service indicates FBI, the fingerprints will be used to check the criminal history record information of the FBI.)

If re-submission, list original ATI number:
(Must provide proof of rejection)

Original ATI Number

Employer (Additional response for agencies specified by statute):

N/A
Employer Name

Street Address or P.O. Box   Telephone Number (optional)

City   State   ZIP Code   Mail Code (five digit code assigned by DOJ)

Live Scan Transaction Completed By:

Name of Operator   Date

Transmitting Agency   LSID   ATI Number   Amount Collected/Billed