



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI: <u>A0023</u> Type of Application: (check one) <input type="checkbox"/> Employment <input checked="" type="checkbox"/> License, Certification, Permit <input type="checkbox"/> Volunteer			
Code assigned by DOJ			
Job Title or Type of License, Certification or Permit:		<u>Orthodontic Assistant</u>	
Agency Address Set Contributing Agency: <u>DENTAL BOARD OF CALIFORNIA</u>			
		<u>06129</u>	
Agency authorized to receive criminal history <u>2005 Evergreen Street, Suite 1550</u>		Mail Code (five-digit assigned by DOJ) <u>EXAMINATION UNIT</u>	
Street No. <u>Sacramento, CA 95815</u>	Street or PO Box	Contact Name (Mandatory for all school submissions) <u>(916) 263-2300</u>	
City	State	Zip Code	Contact Telephone No.
Name of Applicant: (Please Print) _____			
Last		First	MI
AKA's _____			
Last		First	CDL No. _____
DOB: _____	WT: _____	Misc. No. <u>BIL – APPLICANT TO PAY</u>	
Agency Billing Number (if applicable)			
HT: _____	HAIR color: _____		Home Address: (Applies only if Youth Org/HRA or Public Utility submission)
POB: _____		Street or PO Box	
SOC: _____		City, State and Zip Code	
Your Number: <u>OA</u>			
OCA No. (Agency Identifying No.) _____			
		Level Of Service	DOJ <input checked="" type="checkbox"/> FBI <input checked="" type="checkbox"/>
If resubmission, list Original ATI No. _____			
Employer: (Additional response for Department of Social Services, DMV/CHP licensing, and Department of Corporations submissions only)			
Employer Name _____			
Street No.		Street or PO 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 _____