



DENTAL BOARD OF CALIFORNIA

2005 Evergreen St., Suite 1550, Sacramento, CA 95815

P (916) 263-2300 | F (916) 263-2140 | www.dbc.ca.gov



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>Dental Sedation Assistant</u>			
Agency Address Set Contributing Agency: <u>DENTAL BOARD OF CALIFORNIA</u> <u>06129</u>			
Agency authorized to receive criminal history		Mail Code (five-digit assigned by DOJ)	
<u>2005 Evergreen Street, Suite 1550</u>		<u>EXAMINATION UNIT</u>	
Street No.	Street or PO Box	Contact Name (Mandatory for all school submissions)	
<u>Sacramento, CA 95815</u>		<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>DSA</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