



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

Form with fields for ORI (A0023), Type of Application (License checked), Agency Address (DENTAL BOARD OF CALIFORNIA), Job Title (Orthodontic Assistant), Agency authorized to receive criminal history (2005 Evergreen Street, Suite 1550), Contact Name ((916) 263-2300), Name of Applicant (Last, First, MI), DOB, HT, POB, SOC, Your Number (OA), OCA No., Level of Service (DOJ, FBI checked), Employer Name, Street No., City, State, Zip Code, Agency Telephone No., Live Scan Transaction Completed By, Date, Transmitting Agency, ATI No., Amount Collected/Billed.