REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI: A0522 Type of Application: Locksmith					
Code assigned by DOJ Job Title or Type of License, Certification or Permit:					
Agency Address Set Contributing Agency:					
Bureau of Security & Investigative Agency authorized to receive criminal history inform		Mail Code (five digit code assigned by DOJ)			
P.O. BOX 989002		Licensing Contact Name (Mandaton for all achael submissions)			
Street No. Street or P.O. Box West Sacramento CA 95798-9002		Contact Name (Mandatory for all school submissions) (916) 322-4000			
City State	Zip Code	Contact Teler	•		
Name of Applicant: (please print) Last	First		MI		
Alias:		Driver's License N	lo		
Last	First	M. M. DII	N 1/A		
Date of Birth: Sex:	Male Female	Misc. No. BIL-	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 and Zip Code		
SOC or ITIN:		-			
Your Number:		Level of Service	X DOJ X FBI		
OCA No. (Agency Identifying	1 No.)				
If resubmission, list Original ATI No.					
Employer: (Additional response for agencies specified by statute)					
Employer Name					
Employer Name					
Street No. Street or P.O. Box		Mail	Code (five digit code assigned by DOJ)		
City	7in Codo	(ncy Telephone No. (optional)		
City State	Zip Code	Age	псу тејернопе но. (ориона)		
Live Scan Transaction Completed By: Date:			Date:		
Name of Operator					
Transmitting Agency	ATI No.		Amount Collected/Billed		

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Street No. Street or P.O. Box		Contact Name (Mandatory for all school submissions)			
West Sacramento CA	95798-9002	(916) 322-4000			
City State	Zip Code	Contact Telephone No.			
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Last	First	_	· · · · · · · · · · · · · · · · · · ·		
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Height: Weigh	.	Misc. No:	incy billing Number (ii applicable)		
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Eye Color: Hair Co	lor:	Home Address:	reet or P.O. Box		
		30	reet of P.O. box		
Place of Birth:		City, St	ate and Zip Code		
SOC or ITIN:		_			
Your Number:		Level of Service X	DOJ X FBI		
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City. Chata	7in Codo	()	hone No. (ontional)		
City State	Zip Code	Agency Telep	hone No. (optional)		
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Transmitting Agonoy	711110.		, and are concological pined		

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ORI: A0522 Type of Application: Locksmith Job Title or Type of License, Certification or Permit:					
Agency Address Set Contributing Agency:					
Bureau of Security & Investigative Services	06078				
Agency authorized to receive criminal history information	Mail Code (five digit code assigned by DOJ)				
P.O. BOX 989002	Licensing				
Street No. Street or P.O. Box	Contact Name (Mandatory for all school submissions)				
West Sacramento CA 95798-9002	(916) 322-4000				
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- N/A				
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Place of Birth:	City, State and Zip Code				
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City State Zip Code	Agency Telephone No. (optional)				
Live Scan Transaction Completed By: Date:					
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Transmitting Agency ATI No.	Amount Collected/Billed				
Transmitting Agency ATTNO.	Amount Concetca/Dinea				