



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</u>	
Agency Address Set Contributing Agency: <u>DENTAL BOARD OF CALIFORNIA</u>			
Agency authorized to receive criminal history <u>2005 Evergreen Street, Suite 1550</u>		<u>06129</u>	
Street No. _____ Street or PO Box _____		Mail Code (five-digit assigned by DOJ) <u>EXAMINATION UNIT</u>	
<u>Sacramento, CA 95815</u>		Contact Name (Mandatory for all school submissions) <u>(916) 263-2300</u>	
City _____	State _____	Zip _____	Contact Telephone No. _____
Code _____			
Name of Applicant: (Please Print) _____			
Last _____		First _____ MI _____	
AKA's _____		CDL No. _____	
Last _____		First _____	
DOB: _____	WT: _____	Misc. No. <u>BIL – APPLICANT TO PAY</u>	
HT: _____	HAIR color: _____	Agency Billing Number (if applicable)	
POB: _____		Home Address: (Applies only if Youth Org/HRA or Public Utility submission)	
SOC: _____		Street or PO Box _____	
Your Number: _____		City, State and Zip Code _____	
_____		OCA No. (Agency Identifying No.) _____	
If resubmission, list Original ATI No. _____		Level Of Service DOJ <input checked="" type="checkbox"/> FBI <input checked="" type="checkbox"/>	
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 _____	
City _____		State _____ Zip Code _____	
Live Scan Transaction Completed By: _____		Date _____	
_____		Name of Operator _____	
Transmitting Agency _____		ATI No. _____	
_____		Amount Collected/Billed _____	