



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>		<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. _____	Street or PO Box _____	Contact Name (Mandatory for all school submissions) <u>(916) 263-2300</u>	
<u>Sacramento, CA 95815</u>	City _____ State _____ Zip _____	Contact Telephone No. _____	
Name of Applicant: (Please Print) _____ <div style="display: flex; justify-content: space-between;"> Last First MI </div>			
AKA's _____ <div style="display: flex; justify-content: space-between;"> Last First </div>		CDL No. _____	
DOB: _____	WT: _____	Misc. No. BIL – APPLICANT TO PAY	
HT: _____	HAIR color: _____	Agency Billing Number (if applicable) _____ 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>LBC</u> 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 _____	Mail Code (five digit code assigned by DOJ) _____	
City _____	State _____	Zip Code _____	Agency Telephone No. (Optional) _____
Live Scan Transaction Completed By: _____		Name of Operator _____	Date _____
Transmitting Agency _____		ATI No. _____	Amount Collected/Billed _____