



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: A0023 Type of Application: (check one) Employment License, Certification, Permit Volunteer
Code assigned by DOJ
Job Title or Type of License, Certification or Permit: Registered Dental Assistant

Agency Address Set Contributing Agency: DENTAL BOARD OF CALIFORNIA 06129
Agency authorized to receive criminal history 2005 Evergreen Street, Suite 1550 Mail Code (five-digit assigned by DOJ) EXAMINATION UNIT
Street No. Sacramento, CA 95815 Street or PO Box Contact Name (Mandatory for all school submissions) (916) 263-2300
City State Contact Telephone No.
Zip Code

Name of Applicant: (Please Print) Last First MI
AKA's Last First 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: RDA
OCA No. (Agency Identifying No.) Level Of Service DOJ FBI
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 Agency Telephone No. (Optional)
Zip Code
Live Scan Transaction Completed By: Name of Operator Date

Transmitting Agency ATI No. Amount Collected/Billed