



## 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>Registered Dental Assistant EF</u>	
Agency Address Set Contributing Agency: <u>DENTAL BOARD OF CALIFORNIA</u> <span style="float: right;"><u>06129</u></span>			
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. <u>Sacramento, CA 95815</u>		Contact Name (Mandatory for all school submissions) <u>(916) 263-2300</u>	
City Code	State	Zip	Contact Telephone No.
Name of Applicant: (Please Print) _____			
Last		CDL No.	First MI
AKA's _____			
Last		First	
DOB: _____	WT: _____	Misc. No. <u>BIL – APPLICANT TO PAY</u>	
HT: _____		Agency Billing Number (if applicable)	
HAIR color: _____		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>RDAEF</u>			
OCA No. (Agency Identifying No.)		Level Of Service DOJ <input checked="" type="checkbox"/> FBI <input checked="" type="checkbox"/>	
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: _____			Date _____
		Name of Operator _____	
Transmitting Agency _____		ATI No. _____	Amount Collected/Billed _____