

REQUEST FOR LIVE SCAN SERVICE
Applicant Submission

ORI: A0522 Type of Application: Security Guard
Code assigned by DOJ

Job Title or Type of License, Certification or Permit: G Security Guard

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
Agency Billing Number (if applicable)

Height: _____ Weight: _____ Misc. No: N/A

Eye Color: _____ Hair Color: _____ Home Address: _____
Street or P.O. Box

Place of Birth: _____ City, State and Zip Code

Social Security #: _____

Your Number: N/A Level of Service DOJ FBI
OCA No. (Agency Identifying No.)

If resubmission, list Original ATI No. _____

Employer: (Additional response for agencies specified by statute)
N/A

Employer Name _____

N/A N/A
Street No. Street or P.O. Box Mail Code (five digit code assigned by DOJ)

N/A () N/A
City State Zip Code Agency Telephone No. (optional)

Live Scan Transaction Completed By: _____ Date: _____
Name of Operator

Transmitting Agency _____ ATI No. _____ Amount Collected/Billed _____

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