



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

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|--|------------------------|---|---------------------------------------|
| 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. _____ <u>Sacramento, CA 95815</u> | Street or PO Box _____ | Contact Name (Mandatory for all school submissions) <u>(916) 263-2300</u> | |
| City _____ Code _____ | 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 _____ |