



## 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. <u>Sacramento, CA 95815</u>	Street or PO Box	Contact Name (Mandatory for all school submissions) <u>(916) 263-2300</u>
City	State	Contact Telephone No.
Zip Code		
Name of Applicant: (Please Print)		
Last	First	MI
AKA's		CDL No.
Last	First	
DOB:	WT:	Misc. No. <u>BIL – APPLICANT TO PAY</u>
		Agency Billing Number (if applicable)
HT:	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>LBR</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 _____