

REQUEST FOR LIVE SCAN SERVICE
Applicant Submission

ORI: A0009 Type of Application: _____
Code assigned by DOJ

Job Title or Type of License, Certification or Permit: _____

Agency Address Set Contributing Agency:

California State Athletic Commission 06239
Agency authorized to receive criminal history information Mail Code (five digit code assigned by DOJ)

2005 Evergreen Street, Suite 2010
Street No. Street or P.O. Box Contact Name (Mandatory for all school submissions)

Sacramento CA 95815 (916) 263-2195
City State Zip Code Contact Telephone No.

Name of Applicant: _____
(Please Print) Last First MI

Alias: _____
Last First

Date of Birth: _____ Sex: Male Female

Height: _____ Weight: _____

Eye Color: _____ Hair Color: _____

Place of Birth: _____

SOC: _____

Driver's License No.: _____

Misc. No. **BIL - APPLICANT MUST PAY**
Agency Billing Number

Misc. No: _____

Home Address: _____
Street or P.O. Box

City, State and Zip Code

Your Number: _____
OCA No. (Agency Identifying No.)

Level of Service DOJ FBI

If resubmission, list Original ATI No. _____

Employer: (Additional response for agencies specified by statute)

Employer Name

Street No Street or P.O. Box

City State Zip Code

Mail Code (five digit code assigned by DOJ)

() _____
Agency Telephone No. (Optional)

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

Transmitting Agency ATI No. Amount Collected/Billed

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