REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

	of Application: Securi	ty Guard			
Code assigned by DOJ Job Title or Type of License, Certification or Permit:					
Agency Address Set Contributing Agen	cy:				
Bureau of Security & Investigat	•	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: Weig	ht:	Misc. No:			
Eye Color: Hair C	olor	Home Address:			
Eye Color: Hair C		Street or P.O. Box			
Place of Birth:					
		City, State and Zip Code			
SOC or ITIN:		_			
Your Number:		Level of Service X DOJ	X FBI		
OCA No. (Agency Identi	fying No.)	Level of Service	<u> </u>		
If requiremination list Original ATING					
If resubmission, list Original ATI No.					
Employer: (Additional response for agencies	s specified by statute)				
Employer Name					
Street No. Street or P.O. E	Box	Mail Code (five digit code assigne	ed by DOJ)		
O'l	7: 0 1 -	()			
City State	Zip Code	Agency Telephone No. (optional)			
Live Coop Transaction Completed Dur					
Live Scan Transaction Completed By: Name of Operator Date:					
Transmitting Agency	ATI No.	Amount Collecte	ed/Billed		

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI: A0522 Type of Application: Security Guard Code assigned by DOJ Type of Application: Security Guard					
Job Title or Type of License, Certification or Permit:					
Agency Address Set Contributing Agency:					
Bureau of Security & Investigative Services 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 9579 City State Zip Cod	98-9002 de	Contact Telephone	6) 322-4000 e No		
Name of Applicant: (please print) Last	First		MI		
Alias:		Driver's License No.			
Last First		- Direct 3 Electise No.			
Date of Birth: Sex: Male	Female	Misc. No. BIL-	N/A Agency Billing Number (if applicable)		
Height: Weight:		Misc. No:	Agency billing Number (II applicable)		
Eye Color: Hair Color:		Home Address:	Street or P.O. Box		
Place of Birth:					
SOC or ITIN:		City, State and Zip Code			
Your Number: OCA No. (Agency Identifying No.)	_	Level of Service	X DOJ X FBI		
If resubmission, list Original ATI No.					
Employer: (Additional response for agencies specified by	/ statute)				
Employer Name					
Employer Name					
Street No. Street or P.O. Box		Mail Cod	de (five digit code assigned by DOJ)		
City State	Zip Code	()	Telephone No. (optional)		
Oity State	Zip Gode	Agency	тегернопе по. (орионаг)		
Live Scan Transaction Completed By: Date:					
Name o	of Operator				
Transmitting Agency	ATI No.		Amount Collected/Billed		

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI: A0522 Type of Applica	ation: Securit	ty Guard			
Code assigned by DOJ Job Title or Type of License, Certification or Permit:					
21					
Agency Address Set Contributing Agency:					
Bureau of Security & Investigative Services 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 City State Zip Code		(916) 322-4000 Contact Telephone No.			
City State Zip Co	<u></u>	Соптаст гетернопе но.			
Name of Applicant:					
(please print) Last	First	MI			
Alias: Last First		Driver's License No.			
Date of Birth: Sex: Male	Female	Misc. No. BIL- N/ A			
Date of Birth.	Terriale	Agency Billing Number (if applicable)			
Height: Weight:		Misc. No:			
Eye Color: Hair Color:		Home Address:			
		Street or P.O. Box			
Place of Birth:		City, State and Zip Code			
SOC or ITIN:					
Maria Ni maham		Lavel of Carries VDOL VEDI			
Your Number: OCA No. (Agency Identifying No.)	_	Level of Service X DOJ X FBI			
If resubmission, list Original ATI No.					
Employer: (Additional response for agencies specified by statute)					
	,				
Employer Name					
Observation D.O. David		Mail Code (food in the page of the PO)			
Street No. Street or P.O. Box		Mail Code (five digit code assigned by DOJ)			
City State	Zip Code	Agency Telephone No. (optional)			
Live Scan Transaction Completed By: Date:					
Name of Operator					
Transmitting Agency	ATI No.	Amount Collected/Billed			