



### REQUEST FOR LIVE SCAN SERVICE

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#### Applicant Submission

A0133  
ORI (Code assigned by DOJ)

VET AST CTRL SUB 4836.2 PC  
Authorized Applicant Type

CB&PC 4836.2  
Type of License/Certification/Permit OR Working Title (Maximum 30 characters - If assigned by DOJ, use exact title assigned)

#### Contributing Agency Information:

Veterinary Medical Board  
Agency Authorized to Receive Criminal Record Information  
1747 N. Market Blvd., Ste. 230  
Street Address or P.O. Box  
Sacramento CA 95834  
City State ZIP Code

06386  
Mail Code (five-digit code assigned by DOJ)  
Contact Name (mandatory for all school submissions)  
(916) 515-5220  
Contact Telephone Number

#### Applicant Information:

Last Name  
Other Name (AKA or Alias) Last  
Date of Birth Sex  Male  Female  
Height Weight Eye Color Hair Color  
Place of Birth (State or Country) Social Security Number  
Home Address N/A  
Street Address or P.O. Box

First Name Middle Initial Suffix  
First Suffix  
Driver's License Number  
Billing Number Applicant Must Pay (Agency Billing Number)  
Misc. Number (Other Identification Number)  
N/A N/A N/A  
City State ZIP Code

Your Number: N/A  
OCA Number (Agency Identifying Number)

Level of Service:  DOJ  FBI

If re-submission, list original ATI number:  
(Must provide proof of rejection)

Original ATI Number

#### Employer (Additional response for agencies specified by statute):

N/A  
Employer Name  
N/A  
Street Address or P.O. Box  
N/A  
City State ZIP Code

N/A  
Mail Code (five digit code assigned by DOJ)  
Telephone Number (optional)