

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI: <u>A0334</u>	Type of Application: <u>LICENSE CERT OR PERMIT 90000</u>
<small>Code assigned by DOJ</small>	
Job Title or Type of License, Certification, or Permit: _____	<u>DEFERRED DEPOSIT TRANSACTION LAW LICENSE</u>

Agency Address Set Contributing Agency:

<u>DEPARTMENT OF BUSINESS OVERSIGHT</u>	<u>03918</u>		
<small>Agency authorized to receive criminal history information</small>	<small>Mail Code (five digit code assigned by DOJ)</small>		
<u>320 WEST 4TH STREET, SUITE 750</u>	_____		
<small>Street</small>	<small>Contact Name</small>		
<u>LOS ANGELES, CA</u>	<u>90013-2344</u>		
<small>City</small>	<small>State</small>	<small>Zip Code</small>	<small>Contact Telephone No.</small>
			<u>(866) 275-2677</u>

Name of Applicant: _____	_____	_____	_____
	<small>Last *</small>	<small>First *</small>	<small>MI</small>
Alias: _____	_____	_____	_____
	<small>Last</small>	<small>First</small>	<small>Driver's License No.</small>
Date of Birth:* _____	Sex: <input type="radio"/> Male <input type="radio"/> Female	Misc. NO. BIL- _____	_____
Height:* _____	Weight:* _____	Misc. No: _____	_____
Eye Color:* _____	Hair Color: _____	Home Address:* _____	_____
Place of Birth:* _____		<small>Street or P.O. Box</small>	_____
SOC:* _____		<small>City, State and Zip Code</small>	_____

Your Number: _____	Level of Service: <input type="radio"/> DOJ <input type="radio"/> FBI
<small>OCA No. (Agency Identifying No.)</small>	
If resubmission, list Original ATI No. _____	

Employer: (Additional response for agencies specified by statute)
DO NOT COMPLETE THIS SECTION

Employer Name _____			
Street _____	Mail Code (five digit code assigned by DOJ) _____		
City _____	State _____	Zip Code _____	Agency Telephone No. (optional) _____

Live Scan Transaction Completed by: _____	Date: _____	
Transmitting Agency _____	ATI No. _____	Amount Collected/Billed _____

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DEPARTMENT OF BUSINESS OVERSIGHT 03918
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320 WEST 4TH STREET, SUITE 750
Street Contact Name
LOS ANGELES, CA 90013-2344 (866) 275-2677
City State Zip Code Contact Telephone No.

Name of Applicant: _____
Last * First * MI
Alias: _____ Driver's License No. _____
Last First
Date of Birth:* _____ Sex: Male Female Misc. NO. BIL- _____
Height:* _____ Weight:* _____ Misc. No: _____
Eye Color:* _____ Hair Color: _____ Home Address:* _____
Place of Birth:* _____ Street or P.O. Box
SOC:* _____ City, State and Zip Code

Your Number: _____ Level of Service: DOJ FBI
OCA No. (Agency Identifying No.)
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Employer: (Additional response for agencies specified by statute)
DO NOT COMPLETE THIS SECTION
Employer Name _____
Street _____ Mail Code (five digit code assigned by DOJ) _____
City State Zip Code _____ Agency Telephone No. (optional) _____

Live Scan Transaction Completed by: _____ Date: _____
Transmitting Agency _____ ATI No. _____ Amount Collected/Billed _____