

REQUEST FOR LIVE SCAN SERVICE
Applicant Submission

ORI: A0557 Type of Application: License or Certification
Code assigned by DOJ

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

Agency Address Set Contributing Agency:
Cemetery and Funeral Bureau 06538
Agency authorized to receive criminal history information Mail Code (five digit code assigned by DOJ)

1625 North Market Blvd., Suite S-208 Licensing Unit
Street No. Street or P.O. Box Contact Name (Mandatory for all school submissions)

Sacramento CA 95834 (916) 574-7870
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-** Applicant Must Pay
Agency Billing Number (if applicable)

Height: _____ Weight: _____ Misc. No: N/A

Eye Color: _____ Hair Color: _____ Home Address: _____
Street or P.O. Box

Place of Birth: _____
City, State and Zip Code

SOC: _____

Your Number: _____ Level of Service DOJ FBI
OCA No. (Agency Identifying No.)

If resubmission, list Original ATI No. _____

Employer: (Additional response for agencies specified by statute)
N/A

Employer Name _____

N/A N/A
Street No. Street or P.O. Box Mail Code (five digit code assigned by DOJ)

N/A N/A
City State Zip Code Agency Telephone No. (optional)

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

Transmitting Agency _____ ATI No. _____ Amount Collected/Billed _____