REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI: A0522 Type of Applicate Code assigned by DOJ Job Title or Type of License, Certification or Permit	<u></u>	y Guard				
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	8-9002	(91	16) 322-4000			
City State Zip Cod		Contact Telepho				
Name of Applicant: (please print) Last	First		MI			
(piease print) Last	1 1150		1711			
Alias: Last First		Driver's License No.				
Date of Birth: Sex: Male	Female	Misc. No. BIL-	N/A			
coxmate	r omaio		Agency Billing Number (if applicable)			
Height: Weight:		Misc. No:				
Fire Colors		Llavas Address				
Eye Color: Hair Color:		Home Address:	Street or P.O. Box			
Place of Birth:						
			City, State and Zip Code			
SOC or ITIN:		-				
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)					
2projon (taditalia respense to againste specifica s)	otatato)					
Employer Name		<u> </u>				
Street No. Street or P.O. Box		Mail Co	ode (five digit code assigned by DOJ)			
		()				
City State	Zip Code	Agency	y Telephone No. (optional)			
Live Over Transaction Over 15 15			Dele			
Live Scan Transaction Completed By: Name of	of Operator		Date:			
Transmitting Agency	ATI No.		Amount Collected/Billed			

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI: A0522 Type of Application Code assigned by DOJ Job Title or Type of License, Certification or Permit		y Guard		
7,				
Agency Address Set Contributing Agency: Bureau of Security & Investigative Services 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			(Mandatory for all school submissions)	
West Sacramento CA 95798 City State Zip Code	3-9002	Contact Telepl	916) 322-4000	
Oily State Zip Code	-	Сопаст гегері	IONE INC.	
Name of Applicant: (please print) Last	First			
* .	1 1131			
Alias: Last First		Driver's License No	D	
Date of Birth: Sex: Male	Female	Misc. No. BIL-	N/A Agency Billing Number (if applicable)	
Height: Weight:		Misc. No:		
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				
Street No. Street or P.O. Box			Code (five digit code assigned by DOJ)	
City State	Zip Code	Agen	cy Telephone No. (optional)	
Live Scan Transaction Completed By: Name of	Operator		Date:	
Transmitting Agency	ATI No.		Amount Collected/Billed	

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI: A0522 Type of Applica Code assigned by DOJ	ation: Security	ty Guard			
Job Title or Type of License, Certification or Perm	nit:				
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	98-9002	(916) 322-4000			
City State Zip Co	de	Contact Telephone No.	_		
Name of Applicant: (please print) Last	First	MI	_		
	1 1100				
Alias: Last First		Driver's License No.	_		
Date of Birth: Sex: Male	Female	Misc. No. BIL- N /A			
		Agency Billing Number (if applicable)	_		
Height: Weight:		Misc. No:	_		
Fig. Colon		Home Address:			
Eye Color: Hair Color:		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 Identifying No.)					
If resubmission, list Original ATI No.					
Employer: (Additional response for agencies specified b	v atatuta)				
Employer. (Additional response for agencies specified b	y statute)				
Employer Name					
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: Name	of Operator	Date:	_		
Transmitting Agency	ATI No.	Amount Collected/Billed			