REQUEST FOR LIVE SCAN SERVICE
Applicant Submission

ORI: __**A0040**__   Type of Application: __**LICENSE CERT OR PERMIT**__
Code assigned by DOJ

Job Title or Type of License, Certification or Permit: __Commercial Modular Dealer__
SEE BACKSIDE FOR LIST OF APPLICABLE HCD APPLICATION TYPES

Agency Address Set Contributing Agency:

__**Calif. Dept. of Housing & Community Development**__   __**01059**__
Agency authorized to receive criminal history information   Mail Code (five digit code assigned by DOJ)

__**P.O. BOX 31**__   __**Occupational Licensing Staff**__
Street No.   Street or P.O. Box   Contact Name (Mandatory for all school submissions)

__**Sacramento**__   __**CA   95812-0031**__   (__916__) __323-9803__
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 - __**100104**__
                                                            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   Zip Code
SSN: _____

Your Number: __**NA**__   Level of Service ☒ DOJ ☒ FBI
OCA No. (Agency Identifying No.)

If resubmission, list Original ATI No. _____

Employer: (Additional response for agencies specified by statute)
__**NA**__
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: _____ Date: _____
                                    Name of Operator

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

NOTE: Illegible, incomplete, or incorrect information may result in processing delays or the denial of your application.

HCD OL 8016 (New 11/05)   **ORIGINAL - Live Scan Operator; SECOND COPY - HCD; THIRD COPY - Applicant**