



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

A0040

ORI (Code assigned by DOJ)

HCD License CHSC 18050

Authorized Applicant Type

Salesperson

Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

Contributing Agency Information:

Calif. Dept of Housing & Community Development
Agency Authorized to Receive Criminal Record Information

01059

Mail Code (five-digit code assigned by DOJ)

P.O. Box 278690

Street Address or P.O. Box

Occupational Licensing Staff

Contact Name (mandatory for all school submissions)

Sacramento

City

CA

State

95827

ZIP Code

(800) 952-8356

Contact Telephone Number

Applicant Information:

Last Name

First Name

Middle Initial

Suffix

Other Name: (AKA or Alias)

Last Name

First Name

Suffix

Date of Birth

Sex Male Female Nonbinary/Unspecified

Driver's License Number

Height

Weight

Eye Color

Hair Color

Billing

Number 100104

(Agency Billing Number)

Place of Birth (State or Country)

Social Security Number

Misc.
Number

(Other Identification Number)

Home

Address Street Address or P.O. Box

City

State

ZIP Code

I have received and read the included Privacy Notice, Privacy Act Statement, and Applicant's Privacy Rights.

Applicant Signature

Date

Your Number: N/A

OCA Number (Agency Identifying Number)

Level of Service: DOJ FBI

(If the Level of Service indicates FBI, the fingerprints will be used to check the criminal history record information of the FBI.)

If re-submission, list original ATI number:

Original ATI Number

(Must provide proof of rejection)

Employer (Additional response for agencies specified by statute):

N/A

Employer Name

Street Address or P.O. Box

Telephone Number (optional)

City

State

ZIP Code

Mail Code (five digit code assigned by DOJ)

Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency

LSID

ATI Number

Amount Collected/Billed