

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI: <u>AA490</u> Code assigned by DOJ	Type of Application: <u>License Cert or Permit</u>
Prof Fid License 6533 BPC	<u>Professional Fiduciary</u>

Agency Address Set Contributing Agency: <u>Professional Fiduciaries Bureau</u>		<u>11845</u>
Agency authorized to receive criminal history information		Mail Code (five digit code assigned by DOJ)
<u>PO Box 989005</u>		<u>N/A</u>
Street No. _____	Street or P.O. Box _____	Contact Name (Mandatory for all school submissions)
<u>West Sacramento, CA 95798-0005</u>		<u>(916) 574-7340</u>
City _____	State _____	Zip Code _____
		Contact Telephone No. _____

Name of Applicant: _____ (please print) Last First MI		
Alias: _____ Last First	Driver's License No. _____	
Date of Birth: _____	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Misc. No. BIL- <u>Applicant Must Pay</u> 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 and Zip Code	
SOC: _____		

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

Employer: (Additional response for agencies specified by statute) <u>N/A</u>		
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 _____

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Street No. Street or P.O. Box Contact Name (Mandatory for all school submissions)
West Sacramento, CA 95798-0005 (916) 574-7340
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)
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Eye Color: _____ Hair Color: _____ Home Address: _____
Street or P.O. Box
Place of Birth: _____
City, State and Zip Code
SOC: _____

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Employer Name _____
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City State Zip Code () Agency Telephone No. (optional)

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<u>West Sacramento, CA 95798-0005</u>		<u>(916) 574-7340</u>
City	State	Zip Code
		Contact Telephone No.

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Last	First	MI
Alias: _____	Driver's License No. _____	
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City	State	Zip Code
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