## **REQUEST FOR LIVE SCAN SERVICE**

Applicant Submission

| ORI: AA490 Code assigned by DOJ                              | Type of Application:             | License Cert or Permit                              |  |  |  |  |
|--|----------------------------------|---|--|--|--|--|
| Prof Fid License 6533 BPC                                    | •                                |   | Professional Fiduciary                 |  |  |  |
| Agency Address Set Contribut                                 | ing Agency:                      |   |  |  |  |  |
| Professional Fiduciaries E                                   |                                  |   | 11845                                  |  |  |  |
| Agency authorized to receive criminal                        |                                  | Mail Code (five digit code assigned by DOJ)         |  |  |  |  |
|  | 1625 N. Market Blvd., Ste. S-209 |   | N/A                                    |  |  |  |
| Street No. Street or P.O. Box                                |                                  | Contact Name (Mandatory for all school submissions) |  |  |  |  |
| Sacramento, CA 95834   | Sacramento CA 95834              |   | (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                     |  |  |  |
|  | <del></del>                      |   | Agency Billing Number (if applicable)  |  |  |  |
| Height:  | Weight:                          | Misc. No:   |  |  |  |  |
| Fue Colon  | Hair Colon                       | Llama Addraga:                                      |  |  |  |  |
| Eye Color:   | Hair Color:                      | _ Home Address:                                     | Street or P.O. Box                     |  |  |  |
|  |                                  |   |  |  |  |  |
| Place of Birth:  |                                  |   | City, State and Zip Code               |  |  |  |
| SOC:   |                                  | _   |  |  |  |  |
| <u> </u>   |                                  |   |  |  |  |  |
| Your Number:   | cy Identifying No.)              | Level of Service                                    | X DOJ X FBI                            |  |  |  |
| OCA No. (Agend   | y Identifying No.)               |   |  |  |  |  |
| If resubmission, list Original ATI No.                       |                                  |   |  |  |  |  |
| Employer: (Additional response for                           | acception appoified by statuta)  |   |  |  |  |  |
| Employer: (Additional response for N/A                       | agencies specified by statute)   |   |  |  |  |  |
| IN/A Employer Name   |                                  |   |  |  |  |  |
| Епіріоуеї ічапіе   |                                  |   |  |  |  |  |
| Street No. Street of   | or D O Roy                       | Mail (  | Code (five digit code assigned by DOJ) |  |  |  |
| Street No. Street or P.O. Box                                |                                  | / \   |  |  |  |  |
| City State   | Zip Code                         | (   | ncy Telephone No. (optional)           |  |  |  |
| Oity   |                                  |   |  |  |  |  |
| Live Coop Transaction Completed Du                           |                                  |   |  |  |  |  |
| Live Scan Transaction Completed By:  Name of Operator  Date: |                                  |   |  |  |  |  |
|  |                                  |   |  |  |  |  |
| Transmitting Agency  | ATI No.                          |   | Amount Collected/Billed                |  |  |  |

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|---|------------------------|---|--|--|--|
| Code assigned by DOJ  Prof Fid License 6533 BPC                   |                        | Professional Fiduciary                              |  |  |  |
| Agency Address Set Contributing                                   | g Agency:              |   |  |  |  |
| Professional Fiduciaries Bu                                       |                        |   | 11845  |  |  |
| Agency authorized to receive criminal history information         |                        | Mail Code (five digit code assigned by DOJ)         |  |  |  |
| 1625 N. Market Blvd., Ste. S-209                                  |                        | N/A   |  |  |  |
| Street No. Street or P.O. Box                                     |                        | Contact Name (Mandatory for all school submissions) |  |  |  |
| Sacramento, CA 95834  |                        | (916) 574-7340                                      |  |  |  |
| City State  | Zip Code               | Contact Telephone No.                               |  |  |  |
|   |                        |   |  |  |  |
| Name of Applicant: (please print)  Last                           | First                  |   | MI   |  |  |
| (piease piliti) Last  | 1 1151                 |   | IVII   |  |  |
| Alias:  | First                  | Driver's License                                    | No   |  |  |
| Last  |                        |   |  |  |  |
| Date of Birth: S  | Sex: Male Female       | Misc. No. BIL-                                      | Applicant Must Pay Agency Billing Number (if applicable) |  |  |
|   |                        |   |  |  |  |
| Height: V   | Veight:                | Misc. No:   |  |  |  |
| Fve Color: Ha   | air Color <sup>.</sup> | Home Address:                                       | Street or P.O. Box                                       |  |  |
|   |                        |   | Street or P.O. Box                                       |  |  |
| Place of Birth:   |                        |   |  |  |  |
| Place of Birth:   |                        | City, State and Zip Code                            |  |  |  |
| SOC:  |                        |   |  |  |  |
| Your Number: OCA No. (Agency I                                    | dentifying No.)        | Level of Service                                    | X DOJ X FBI  |  |  |
| If resubmission, list Original ATI No.                            |                        |   |  |  |  |
| Employer: (Additional response for agencies specified by statute) |                        |   |  |  |  |
| N/A   |                        |   |  |  |  |
| Employer Name   |                        |   |  |  |  |
|   |                        |   |  |  |  |
| Street No. Street or F  | P.O. Box               | Mail (  | Code (five digit code assigned by DOJ)                   |  |  |
|   |                        | ( )   |  |  |  |
| City State  | Zip Code               | Agen  | cy Telephone No. (optional)                              |  |  |
|   |                        |   |  |  |  |
| Live Scan Transaction Completed By: Date:                         |                        |   |  |  |  |
|   | ivallie of Operator    |   |  |  |  |
| Transmitting Agency   | ATI No.                |   | Amount Collected/Billed                                  |  |  |

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| Prof Fid License 6533 BPC   |                  | Professional Fiduciary                              |  |  |  |
| Agency Address Set Contributing Age   | ncy:             |   |  |  |  |
| Professional Fiduciaries Bureau Agency authorized to receive criminal history inf |                  |   |  |  |  |
| 1625 N. Market Blvd., Ste. S-209  |                  | N/A   |  |  |  |
| Street No. Street or P.O. Box   |                  | Contact Name (Mandatory for all school submissions) |  |  |  |
| Sacramento, CA 95834 City State   | Zip Code         | (916) 574-7340  Contact Telephone No.               |  |  |  |
| No.   |                  | <del></del>   |  |  |  |
| Name of Applicant: (please print)  Last   | First            |   | MI                                     |  |  |
| Alias:  | First            | Driver's License                                    | No                                     |  |  |
| Last  Date of Birth: Sex:   | Male Female      | Miss No BII -                                       | Applicant Must Pay                     |  |  |
| Date of biltii Sex. [   |                  | IVIISC. INO. DIL-                                   | Agency Billing Number (if applicable)  |  |  |
| Height: Weight  | t:               | Misc. No:   |  |  |  |
| Eye Color: Hair Co  | lor:             | Home Address:                                       | Street or P.O. Box                     |  |  |
| Place of Birth:   |                  |   | Silect of P.O. dox                     |  |  |
|   |                  |   | City, State and Zip Code               |  |  |
| SOC:  |                  | -   |  |  |  |
| Your Number: OCA No. (Agency Identifyi  | ing No.)         | Level of Service                                    | X DOJ X FBI                            |  |  |
| If resubmission, list Original ATI No.  |                  |   |  |  |  |
| Employer: (Additional response for agencies specified by statute)                 |                  |   |  |  |  |
| N/A   | -                |   |  |  |  |
| Employer Name   |                  |   |  |  |  |
| Street No. Street or P.O. Bo  | )X               | Mail (  | Code (five digit code assigned by DOJ) |  |  |
| Chata   | 7in Codo         | ( )   | T-L-shana No. (antional)               |  |  |
| City State  | Zip Code         | Agen  | cy Telephone No. (optional)            |  |  |
| Live Scan Transaction Completed By: Date:   |                  |   |  |  |  |
|   | Name of Operator |   |  |  |  |
| Transmitting Agency   | ATI No.          |   | Amount Collected/Billed                |  |  |