

**REQUEST FOR LIVE SCAN SERVICE**

**Applicant Submission**

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

Agency Address Set Contributing Agency:  
Professional Fiduciaries Bureau 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  
Alias: \_\_\_\_\_ Driver's License No. \_\_\_\_\_  
Last First  
Date of Birth: \_\_\_\_\_ Sex:  Male  Female Misc. No. **BIL-** Applicant Must Pay  
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: \_\_\_\_\_ Level of Service  DOJ  FBI  
OCA No. (Agency Identifying No.)  
If resubmission, list Original ATI No. \_\_\_\_\_

Employer: (Additional response for agencies specified by statute)  
N/A  
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

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Agency Address Set Contributing Agency: <u>Professional Fiduciaries Bureau</u>		<u>11845</u> <small>Mail Code (five digit code assigned by DOJ)</small>
<u>1625 N. Market Blvd., Ste. S-209</u> <small>Street No. Street or P.O. Box</small>		<u>N/A</u> <small>Contact Name (Mandatory for all school submissions)</small>
<u>Sacramento, CA 95834</u> <small>City State Zip Code</small>	<u>(916) 574-7340</u> <small>Contact Telephone No.</small>	

Name of Applicant: _____ <small>(please print) Last First MI</small>		
Alias: _____ <small>Last First</small>	Driver's License No. _____	
Date of Birth: _____ Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Misc. No. <b>BIL-</b> <u>Applicant Must Pay</u> <small>Agency Billing Number (if applicable)</small>	
Height: _____ Weight: _____	Misc. No: _____	
Eye Color: _____ Hair Color: _____	Home Address: _____ <small>Street or P.O. Box</small>	
Place of Birth: _____	_____ <small>City, State and Zip Code</small>	
SOC: _____		

Your Number: _____ <small>OCA No. (Agency Identifying No.)</small>	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 _____
		( ) _____ <small>Agency Telephone No. (optional)</small>

Live Scan Transaction Completed By: _____ <small>Name of Operator</small>		Date: _____
Transmitting Agency _____	ATI No. _____	Amount Collected/Billed _____

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<u>Sacramento, CA 95834</u>		<u>(916) 574-7340</u> Contact Telephone No.
City _____	State _____	Zip Code _____

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. <b>BIL-</b> <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
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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)

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