

**REQUEST FOR LIVE SCAN SERVICE**  
**Applicant Submission**

ORI: <u>AA490</u> <small>Code assigned by DOJ</small>	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> <small>Mail Code (five digit code assigned by DOJ)</small>
<u>PO Box 989005</u> <small>Street No. Street or P.O. Box</small>		<u>N/A</u> <small>Contact Name (Mandatory for all school submissions)</small>
<u>West Sacramento, CA 95798-9005</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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## Applicant Submission

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Agency authorized to receive criminal history information		
<u>PO Box 989005</u>		<u>N/A</u> Contact Name (Mandatory for all school submissions)
Street No. _____	Street or P.O. Box _____	
<u>West Sacramento, CA 95798-9005</u>		<u>(916) 574-7340</u> Contact Telephone No.
City _____	State _____	Zip Code _____

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Height: _____	Weight: _____	Misc. No: _____
Eye Color: _____	Hair Color: _____	Home Address: _____ Street or P.O. Box
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