REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI: A0522 Type of Application: Security Guard Code assigned by DOJ						
Job Title or Type of License, Certification or Permit: G Security Guard						
Agency Address Set Contributing Agenc	y:					
Bureau of Security & Investigative Services Agency authorized to receive criminal history information		Mail Code (five digit code assigned by DOJ)				
P.O. BOX 989002 Street No. Street or P.O. Box		Licensing Contact Name (Mandatory for all school submissions)				
West Sacramento CA	95798-9002	(916) 322-4000				
City State	Zip Code	Contact Telephone No.				
Name of Applicant: (please print) Last	First					
(F F	FIISt					
Alias: Last	First	Driver's License No.				
Date of Birth: Sex:	Male Female	Misc. No. BIL- Agency Billing Number (if applicable)				
Height: Weight:		Misc. No:				
Eye Color: Hair Color	r:	Home Address: Street or P.O. Box				
Place of Birth:						
SOC:		City, State and Zip Code				
Your Number: OCA No. (Agency Identifying	J No.)	Level of Service X DOJ X FBI				
If resubmission, list Original ATI No.						
Employer: (Additional response for agencies sp	ecified by statute)					
Employer Name		<u> </u>				
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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Last	First						
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Height: Weight:							
Eye Color: Hair Colo	or:	Home Address: Street or P.O. Box					
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Live Cook Transportion Completed Dv		Data					
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